



The American Board of Nuclear Medicine

A Member Board of the American Board of Medical Specialties

Program Director's Assessment of Prior Training (Outside the United States and Canada)

Physicians (hereafter referred to as Applicants), or Program Directors on their behalf, may ask the ABNM to accept training obtained in countries outside the United States or Canada as being equivalent to training accredited by the Accreditation Council for Graduate Medical Education (ACGME), or the Royal College of Physicians and Surgeons of Canada (RCPSC). The request may be for preparatory clinical training, as well as training in Nuclear Medicine or Diagnostic Radiology.

A Nuclear Medicine Program Director from an ACGME or RCPSC accredited United States or Canada Nuclear Medicine training program must complete this assessment of the applicant's prior training, and submit it directly to the ABNM by sending a PDF copy of the completed and signed form to abnm@abnm.org.

This form must be accompanied by PDF copies of supporting documentation, including:

- Medical school diploma
- ECFMG or MCCEE certificate
- USMLE scores
- Training records
- Letters of evaluation from previous program directors and/or appropriate officials responsible for education and training

Documents not written in English must be accompanied by an English translation provided by a qualified individual or organization

TYPE OF ASSESSEMENT REQUEST *(Check all that apply and list the number of months you are requesting credit)*

| | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Preparatory Clinical Training <i>(Complete Section 2)</i> | <input type="checkbox"/> | Nuclear Medicine Training <i>(Complete Section 3)</i> | <input type="checkbox"/> | Prior Radiology Training <i>(Complete Section 4)</i> |
| | A maximum credit of 12 months may be given for equivalent clinical training that includes at least 9 months in any specialty that provides direct clinical care | | A maximum credit of 24 months may be given for equivalent Nuclear Medicine training | | A maximum credit of 6 months may be given for equivalent training in Computerized Tomography (CT), and a maximum credit of 6 months may be given for training in other Diagnostic Radiology (DR) subspecialty areas, including Nuclear Medicine. |
| | _____ | | _____ | | _____ |
| | Months of credit requested | | Months of credit requested | | Months of CT credit requested |
| | | | | | _____ |
| | | | | | Months of Other DR credit requested |

SECTION 1 — Background Information

DEMOGRAPHICS

Applicant Information *(Please complete this section in its entirety)*

Applicant Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Applicant Email Address _____ Telephone Number _____

Program Information

Program Name _____ Program ACGME Number _____

Program Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Program Director Name _____

Program Director Email Address _____ Telephone Number _____

Indicate the method used to evaluate the applicant's prior training (Check all boxes that apply)

- Training records, including evaluations and letters
- Interview
- Curriculum Vitae
- Direct clinical observation

Comments _____

Applicant's English Proficiency

- | | |
|--|--|
| <p>1. Verbal communication and comprehension</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent <input type="checkbox"/> Rarely must repeat phrases <input type="checkbox"/> Occasionally must repeat phrases <input type="checkbox"/> Frequently must repeat phrases | <p>2. Written communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent <input type="checkbox"/> Rarely makes errors in spelling or grammar <input type="checkbox"/> Occasionally makes errors in spelling or grammar <input type="checkbox"/> Frequently makes errors in spelling or grammar. |
|--|--|

Medical Examination Information

| | | | | | |
|--------------|--------------------|---------------------------|----------------|--------------------|---------------------------|
| ECFMG (US) | _____ | _____ | MCCEE (Canada) | _____ | _____ |
| | Certificate Number | Dated Issued (mm/dd/yyyy) | | Certificate Number | Dated Issued (mm/dd/yyyy) |
| USMLE Step 1 | _____ | _____ | Step 2 CK | _____ | _____ |
| | Score | Dated Issued (mm/dd/yyyy) | | Score | Dated Issued (mm/dd/yyyy) |
| Step 2 CS | _____ | _____ | Step 3 | _____ | _____ |
| | Score | Dated Issued (mm/dd/yyyy) | | Score | Dated Issued (mm/dd/yyyy) |
| FLEX | _____ | _____ | NBME | _____ | _____ |
| | Score | Dated Issued (mm/dd/yyyy) | | Score | Dated Issued (mm/dd/yyyy) |

SECTION 2 — Preparatory Clinical Training

ASSESSMENT OF EQUIVALENCY OF CLINICAL TRAINING

Training with primary emphasis on the patient and the patient's clinical problems, including obtaining a pertinent history, performing an appropriate physical examination, and formulating a differential diagnosis.

Program/ Institution Name _____

Date Started _____ Date Completed _____

Program/ Institution Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

A. Clinical Skills of the Applicant

For each item listed below, please assess the applicant's ability by circling a number next to the item using the following scale. Please provide additional comments when possible.

0 = Cannot Evaluate 1 = Outstanding 2 = Satisfactory 3 = Unsatisfactory

- 1. Broad Knowledge of Medicine: 0 1 2 3
- 2. Ability to obtain pertinent history: 0 1 2 3
- 3. Ability to perform appropriate physical examination: 0 1 2 3
- 4. Ability to arrive at a differential diagnosis 0 1 2 3

Comments _____

SECTION 3 — Nuclear Medicine Training

ASSESSMENT OF PRIOR NUCLEAR MEDICINE TRAINING

Training in adult and pediatric Nuclear Medicine, including imaging, radioisotope therapy, in-vitro procedures, and cardiac stress test supervision

Program/ Institution Name _____

Date Started _____ Date Completed _____

Program/Institution Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

A. Nuclear Medicine Skills of the Applicant

For each item listed below, please assess the applicant's ability by circling a number next to the item using the following scale. Please provide additional comments when possible.

0 = Cannot Evaluate 1 = Outstanding 2 = Satisfactory 3 = Unsatisfactory

- 1. Broad Knowledge of Nuclear Medicine: 0 1 2 3
- 2. General Nuclear Medicine, including SPECT: 0 1 2 3
- 3. Hybrid Imaging, including CT with PET or SPECT: 0 1 2 3
- 4. Pediatric Studies: 0 1 2 3
- 5. Cardiac Stress Test Supervision: 0 1 2 3
- 6. Radioiodine therapy, Hyperthyroidism: 0 1 2 3
- 7. Radioiodine Therapy, Thyroid Cancer: 0 1 2 3
- 8. Parenteral Radioisotope Therapy: 0 1 2 3
- 9. In-Vitro Procedures: 0 1 2 3

Comments _____

SECTION 4 — Diagnostic Radiology Training

ASSESSMENT OF PRIOR DIAGNOSTIC RADIOLOGY TRAINING

Training in adult and pediatric Diagnostic Radiology, including CT, and MR. Training may include Nuclear Medicine, not covered in Section 3 — Nuclear Medicine Training.

Program/ Institution Name _____

Date Started _____ Date Completed _____

Program/ Institution Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

A. Diagnostic Radiology Skills of the Applicant

For each item listed below, please assess the applicant's ability by circling a number next to the item using the following scale. Please provide additional comments when possible.

0 = Cannot Evaluate 1 = Outstanding 2 = Satisfactory 3 = Unsatisfactory

- | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. Broad Knowledge of General Radiology: | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 2. Computerized Tomography (CT): | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 3. Magnetic Resonance (CT): | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 4. Nuclear Medicine | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 5. Other (<i>please specify</i>) _____ | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 6. Other (<i>please specify</i>) _____ | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

Comments _____

SECTION 5 — Program Director's Attestation

ASSESSMENT OF PRIOR TRAINING

I have personally evaluated the qualifications of the applicant, and attest that the information in this form is true and accurate to the best of my knowledge.

Program Directors Signature

Program Directors Name (*please print*)

Date Signed

Telephone Number

Email Address

Additional comments may be attached on a separate sheet or letter.

Please mail this form to: American Board of Nuclear Medicine, 4555 Forest Park Boulevard, Suite 119, St. Louis, Missouri 63108-2173 or email to abnm@abnm.org