



Part 3 - Start Application

ABNM Certification Examination Application Statement

Please click [here](#) to view and print the Application Statement.

*Please indicate whether or not you agree to the terms of the Application Statement:

Yes

Before You Continue...

1) Print and complete the Application Statement and mail it with your original signature to the ABNM office.

2) A \$500 non refundable processing fee must be paid at the time you submit your exam application. Please review the exam schedule and fee document for deadlines. The consequences for missing these deadlines are described in this document.

Part 3 - Application Instructions

Instructions for Completing the ABNM Certification Examination Application

Applicants who wish to be examined by the ABNM must complete this online application. The online application will allow applicants to upload electronic copies of the documents required. The ABNM only accepts the following file formats: jpg, gif, doc, rtf, pdf and ppt.

For the certification application, the following items are required:

- **ABNM Certification Examination Application Statement**
- **Confirmation of Post-Doctoral Residency Training or Confirmation of Post-Doctoral RADIOLOGY Residency Training**
 - For all US or Canadian accredited residency training including internships.
 - The program director should email the form directly to the ABNM.
- **Program Director's Evaluation of Clinical Competence**
 - For all US or Canadian accredited nuclear medicine training.
 - The program director should email the form directly to the ABNM.
- **Medical school diploma**
 - With translation if applicable
- **Medical certificates**
- **ECFMG-US or MCC-Canada**
- **Medical Examinations**
 - **USMLE-Steps 1, 2 Clinical Knowledge (CK), 2 Clinical Skills (CS) and 3**
 - **or COMLEX-Level 1, 2-CE, 2-PE and 3**
 - **or NBME**
 - **or FLEX**

- **Medical License**

- All states licenses, **valid at the time of exam (October 10, 2015)**.
- If you will have a training/institutional license at the time of the exam, the ABNM will accept your license contingent upon a letter of confirmation of enrollment from your training program.

- **Certificates from other specialties**

- **Certificates from residency training completed outside the US and Canada**
- **Letters from the ABNM accepting your prior training as being equivalent to training that is required.**

The program director for residency training that occurred before or after the applicant's nuclear medicine training must confirm that the applicant satisfactorily completed this training by completing a [Confirmation of Post-Doctoral Residency Training](#) form or [Confirmation of Post-Doctoral RADIOLOGY Residency Training](#) form as appropriate. In addition, the program director must complete an [Evaluation of Clinical Competency Form](#). The above forms can be filled out on a computer.

Please Note: If you have adobe reader (the free pdf reader), you can fill out the form and print it but you cannot save the completed form. To save the completed form you need to use adobe acrobat or its equivalent. For best results and to avoid error messages, make sure you have a recent version of the Adobe software. You can download the latest version of adobe reader for free at <http://get.adobe.com/reader>.

Applicants who have unexplained gaps of time after completing their medical school training will be asked to submit a brief CV to explain these gaps.

Online application must be submitted, documents received and application processing fee paid by May 31 at 23:59:59 EDT. The ABNM reserves the right to reject any application that is not completed by the deadline. All fees (including late fees) are nonrefundable if an application is rejected.

To submit your application the Application Processing Fee must be paid by credit card. The additional Examination Fee of \$1900 must be processed by credit card, or a check must be postmarked by July 15 to avoid a late fee of \$500.00.

Applications not paid in full by July 31 will be rejected and all fees (including late fees) are nonrefundable.

The Confirmation of Post-Doctoral Residency Training Form, and/or the Confirmation of Post-Doctoral RADIOLOGY Residency Training Form, and The Evaluation of Clinical Competence Form with the original signature of the program director must be received by the ABNM by July 15.

If you have a communication from the ABNM indicating that prior non US and non-Canadian training is equivalent to the required post-doctoral training, please upload a copy of that communication .

Email all copies of non-uploaded examination results and current valid unrestricted state or provincial medical licenses to the ABNM at abnm@abnm.org.

After the application is submitted, the applicant will be notified periodically, by email, about the status of the application. The applicant will also be notified by email when the application is accepted or rejected. Officers, members, and employees of the Board are not authorized to comment on eligibility. If the examination application is accepted, the applicant will be assigned a candidate number. In early August, the accepted applicant must then contact the [NCS Pearson Professional Center](#) to select a convenient testing center. Seating at testing centers will be awarded on a "first-to-register" basis. To find out answers to frequently asked questions about the certification exam application, please review the Application FAQ found [here](#).

Continue

Part 3 - Contact Information

Demographics

*Name/degree to be printed on certificate:	<input type="text"/>
*Date of Birth:	<input type="text" value="mm/dd/yyyy"/>
*Gender:	<input type="text" value="M"/>
*Country of Birth:	<input type="text" value="United States"/>
*Citizen of...:	<input type="text"/>
Email:	<input type="text"/> Change Password/Email
*Degree(s):	<input type="text"/>

Mailing and Billing Preferences

Mail To:	<input type="text" value="Work"/>
Bill To:	<input type="text" value="Work"/>

Primary Work Address

*Organization:	<input type="text"/>
*Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
*City:	<input type="text"/>
*State:	<input type="text"/>
*Zip:	<input type="text"/>
*Country:	<input type="text" value="United States"/>
*Phone:	<input type="text"/>
Alternate Email:	<input type="text"/>

Home Address

*Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
*City:	<input type="text"/>
*State:	<input type="text"/>
*Zip:	<input type="text"/>
Country:	<input type="text"/>
*Phone:	<input type="text"/>
Alternate Email:	<input type="text"/>

Other Address

Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Country:	<input type="text"/>
Phone:	<input type="text"/>
Alternate Email:	<input type="text"/>

Save & Continue

Part 3 - Education

Instructions

Select the medical school that granted your degree by selecting its location from the drop-down menus. The menus include: Region -> Country -> City -> Medical School

If your medical school is not included in the list, check the Other Medical School box and provide your school name.

If you attended more than one medical school, list the one that granted your degree. Send a copy of your medical school diploma (and translation if applicable) to the ABNM. An English translation must also be provided by a certified translator if the diploma is in a foreign language.

Medical School that Granted You Your Medical Diploma

Select Region:	<input type="text" value="Select Region"/>
Select Country:	<input type="text" value="Select Country"/>
Select City:	<input type="text" value="Select City"/>
Select Medical School:	<input type="text" value="Select School/Program"/>
Other Medical School:	<input type="checkbox"/>
Check this box if your medical school cannot be found using the pull-down lists above.	
*Dates Attended:	<input type="text" value="mm/yyyy"/> - <input type="text" value="mm/yyyy"/>
*Degree Earned:	<input type="text" value="MD"/>
*Year Degree was Awarded:	<input type="text" value="yyyy"/>
*Method of Sending Medical School Diploma:	<input type="text"/>

Other Advanced Degree

Other Advanced Degree:	<input type="text"/>
Year Other Degree was Awarded:	<input type="text" value="yyyy"/>
Major:	<input type="text"/>

Save & Continue

Part 3 - US or Canadian Post-Doctoral Training

Instructions

List all of the US or Canadian accredited training that you had prior to or after beginning your nuclear medicine training.

Non-US and non-Canadian training are listed on the Non-US Training Page.

Non-radiology program directors must complete the [Confirmation of Post-Doctoral Residency Training](#).

Radiology program directors must complete the [Confirmation of Post-Doctoral RADIOLOGY Residency Training](#).

It is your responsibility to make certain that the completed form with the program director's original signature is mailed to and received by the ABNM office. Copies of the form without the program director's original signature are not acceptable.

Do not send copies of certificates from training programs. You must use the confirmation of post doctoral residency training form.

Include all US or Canadian post-doctoral training. If there are gaps in your training, please send the ABNM a brief CV that accounts for all of your time since graduation from medical school.

Post-Doctoral Training

Add New Training

No Post-Doctoral Training Specified

Equivalent Training

ABNM-Accepted Equivalent Training:

Save & Continue

Part 3 - Residency Training Other Than in the US or Canada

Instructions

If you have no training outside the US or Canada, click the box at the bottom of this page that is labeled "Not applicable to me" and then click the button labeled "Save and continue".

Otherwise, list the details of all training outside the US or Canada. All items with an asterisk must be completed.

If you select the option to Upload your certificate, you will be prompted Browse your computer to find the file.

Your file will be uploaded during the save process.

If any error is encountered, you may try again, or change the method of sending your license via other means (e.g. Email or Mail).

If your file was uploaded successfully, but want to replace it with another file, you can do so before you submit your application by returning to this page of the application.

New Entry

*Service:	<input type="text"/>
*Program:	<input type="text"/>
*Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
*City:	<input type="text"/>
*Country:	<input type="text" value="▼"/>
*Training Dates:	<input type="text" value="mm/yyyy"/> - <input type="text" value="mm/yyyy"/>
*Total Months:	<input type="text"/>
*Program Director:	<input type="text"/>
*Sending Method:	<input type="text" value="▼"/>

Not Applicable to me

Save & Continue

Save & Add More

Part 3 - Accredited US or Canadian Nuclear Medicine Training

Instructions

Select your nuclear medicine training programs from the drop-down menus. The menus include: Country -> State/Province -> City -> Medical School

If your nuclear medicine training program is not included in the list, check the Other Program box and provide your program name.

List the details of all of the US or Canadian accredited nuclear medicine training that you have had. Non-US and non-Canadian training are listed on the Non-US Training page.

For each training program, the applicant must ask each Nuclear Medicine program director to complete an [Evaluation of Clinical Competency Form](#).

It is your responsibility to make certain that the completed form with the program director's original signature is mailed to and received by the ABNM office. Copies of the form without the program director's original signature are not acceptable.

The purpose of requiring the completion of the evaluation is to safeguard the public interest and maintain the ABNM's high standards of professional competence. The candidate understands that confidentiality is a prerequisite to candor and that the efficacy of the evaluation procedure hinges on preserving the strict privacy and confidentiality of the evaluation. Therefore, the candidate consents to the completion of the evaluation and to the use of such information on a completely confidential basis as an essential element in judging his/her eligibility to take the ABNM.

New Entry

Select Country:	<input type="text" value="Select Country"/>
Select State/Province:	<input type="text" value="Select State"/>
Select City:	<input type="text" value="Select City"/>
Select Program:	<input type="text" value="Select School/Program"/>
Other Training Program:	<input type="checkbox"/>
Check this box if your training program cannot be found using the pull-down lists above.	
*Training Dates:	<input type="text" value="mm/yyyy"/> - <input type="text" value="mm/yyyy"/>
*Total Months:	<input type="text"/>
*Program Director:	<input type="text"/>

Save & Continue

Save & Add More

Part 3 - Medical Practice Credentials

Instructions

Enter information in the following sections below: Medical Certificates, Medical Examinations, and Medical Licenses.

If you select the option to Upload your document(s), you will be prompted to Browse your local machine to find the file. If any error is encountered, you may try again, or change the method of sending your document (e.g. Email or Mail).

If your file was uploaded successfully, but want to replace it with another file, you can do so by returning to this page prior to submitting your application.

Medical Certificates

If applicable, list medical certificate number, date issued and sending method. Send copies of all certificates to the ABNM.

Title	Certificate Number	Date Issued	Sending Method
ECFMG (US)	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
MCC (Canada)	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>

Medical Examinations

List results and dates of all medical examinations that you have passed. Send copies of all examination results to the ABNM.

Title	Score	Date Passed	Sending Method
USMLE - Step 1	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
USMLE - Step 2 - Clinical Knowledge	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
USMLE - Step 2 - Clinical Skills	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
USMLE - Step 3	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
MCC Qualifying Exam Part I	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
MCC Qualifying Exam Part II	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
Comlex Level 1	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
Comlex Level 2-CE	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
Comlex Level 2-PE	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
Comlex Level 3	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
NBME	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>
FLEX	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>

Medical Licenses

List all currently valid unrestricted state or provincial medical licenses that you have. Send copies of all currently valid unrestricted state or provincial medical licenses (including their expiration dates) to the ABNM. Only enter the license information below that pertains to your situation **AT THE TIME OF THE EXAM!**

If you have a pending license click the checkbox. For a pending license the expiration date and method of sending are not required.

To add an additional license click Save & Add More.

To remove a license, click on Delete below the license you would like to remove.

The ABNM will only accept an Institutional/Training License if the applicant is enrolled in a training program **AT THE TIME OF THE EXAM**. Copies of your Institutional/Training license and a confirmation of enrollment letter from the training program are required.

License New Entry

License Type:	<input type="text"/>	
State/Province:	<input type="text"/>	Check if Pending: <input type="checkbox"/>
Expiration Date:	<input type="text" value="mm/dd/yyyy"/>	
Sending Method:	<input type="text"/>	

Save & Continue

Save & Add More

Part 3 - Other Specialties

Instructions

List all of the ABMS Boards for which you are certified.

If you are not certified by another ABMS Board please check "Not applicable to me".

For the first ABMS Board, if text is entered in any box, all boxes in that row must be completed.

To add an additional ABMS Board, enter the required text, then click Save & Add More.

If you want to delete a Board, click delete.

When you are done with this page, click Save and Continue.

ABMS Specialty New Entry

American Board Name:	<input type="text"/>
*Date of Last (Re-)Certification:	<input type="text" value="yyyy"/>
*Certificate Number:	<input type="text"/>

Not Applicable to me

Save & Continue

Save & Add More

Part 3 - Prior ABNM Application

*Have You Applied or Taken the Exam Before:	<input type="text"/>
Most Recent Year Applied or Taken:	<input type="text" value="yyyy"/>
Total Number of Times Taken:	<input type="text"/>

[Save & Continue](#)

Part 3 - Application Checklist

Application Information

Application ID:	<input type="text"/>
Application Status:	Not Submitted

Checklist Status

Below are the pages of the application that must be completed in order for your application to be submitted to the ABNM for review. Changes are saved each time you click Save within any of the pages. Your saved changes are retained, so you may leave the ABNM web site and continue where you left off. Before you are able to submit the application, all pages must have a status of "Data Entered". The board will review each section and notify you about missing information.

Below are the pages of the application that must be completed in order for your application to be submitted to the ABNM for review. Changes are saved each time you click Save within any of the pages. Your saved changes are retained, so you may leave the ABNM web site and continue where you left off. Before you are able to submit the application, all pages must have a status of "Data Entered". The board will review each section and notify you about missing information.

Status	Page	Title
Data Entered	1	Application Statement
No Data	2	Instructions
No Data	3	Contact Information
No Data	4	Education
No Data	5	US/Canada Training
No Data	6	Non-US Training
No Data	7	NM Training
No Data	8	Medical Credentials
No Data	9	Other Specialties
No Data	10	Prior Applications
Not Submitted		Application Status

Deadlines

The Certification Examination Application is open from April 1 at 00:00:00 EDT through May 31 at 23:59:59 EDT. The online application must be completed, submitted and processing fee (\$500) paid by May 31 at 23:59:59 EDT. Supporting documents supplied by applicants must be received by May 31 at 23:59:59 EDT or application will be rejected. Supporting documents supplied by training programs must be received by July 15 at 23:59:50 EDT or application will be rejected. No applications will be accepted after May 31 at 23:59:59 EDT. Balance of all fees must be paid by July 15 at 23:59:59 EDT. Entire application fee (including late fees) is non-refundable after May 31 at 23:59:59 EDT.