



The American Board of Nuclear Medicine

A Member Board of the American Board of Medical Specialties

Program Director's Assessment of Prior Radiology Training

Background information:

Before the ABNM will consider giving an applicant credit for radiology and nuclear medicine training that is obtained in radiology training programs in countries other than the United States or Canada, a nuclear medicine program director from an accredited US or Canadian nuclear medicine training program must assess the quality of the applicant's prior radiology and nuclear medicine training. The ABNM believes that program directors are better able to assess the applicant's prior training because they have the opportunity to have a face-to-face interview with the applicant and to directly observe the applicant's fund of knowledge.

In addition to this evaluation form, the applicant must provide the ABNM with a letter of recommendation from the program directors from whom they received their prior training.

The ABNM may give some credit for radiology and nuclear medicine training that is obtained in other countries provided that this training is judged to be equivalent to training that the resident would receive in the US or Canada. As much as one year of credit will be given for two years of training overseas. Under no circumstances will the required amount of nuclear medicine training in an accredited US or Canada nuclear medicine training program be less than one year.

Instructions:

- I. Please fill out this form to help the ABNM determine if this applicant's prior radiology and nuclear medicine training is equivalent to training in an accredited US or Canadian radiology training program. The ABNM will make the final decision regarding the equivalency of this applicant's training. Thank you for your help.

A. Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

B. Program Name: _____

Program Location: _____

Program ACGME Number: _____

Program Director's Name: _____

Program Director's E-mail Address: _____

Program Director's Telephone Number: _____

II. Please indicate how you know the applicant (Please check all boxes that apply and add comments as needed)

- | | |
|---|---|
| <input type="checkbox"/> Review of training records and clinical experience | <input type="checkbox"/> Observation during image interpretation |
| <input type="checkbox"/> Review of applicant's CV | <input type="checkbox"/> Observation during research |
| <input type="checkbox"/> Telephone interview | <input type="checkbox"/> Currently a resident in my nuclear medicine training program |
| <input type="checkbox"/> Personal interview | <input type="checkbox"/> Already accepted to be a resident in my nuclear training program |
| <input type="checkbox"/> Observation with patients | <input type="checkbox"/> Other |

Comments:

III. Prior Radiology Training

Name of Program _____

Date Started _____ Date Completed _____

Address of Program _____

Did the Applicant successfully complete the radiology training program? ☐ Yes ☐ No

Is the applicant board certified in radiology? ☐ Yes _____
☐ No Name of Certifying Board

Circle the number months of nuclear medicine training that the applicant had during their radiology training. 0 1 2 3 4 5 6 7 8 9 10 11 12
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

IV. Clinical Skills of the Applicant

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

0 = Can not evaluate; 1 = Unacceptable; 2 = Borderline; 3 = Average; 4 = Above Average; 5 = Excellent

- A. Ability to obtain pertinent history: 0 1 2 3 4 5
 ☐ ☐ ☐ ☐ ☐ ☐

Comments:

- B. Ability to perform appropriate physical examination: 0 1 2 3 4 5
 ☐ ☐ ☐ ☐ ☐ ☐

Comments:

- C. Ability to arrive at a differential diagnosis: 0 1 2 3 4 5
 ☐ ☐ ☐ ☐ ☐ ☐

Comments:

- D. Knowledge of modern high-technology medicine: 0 1 2 3 4 5
 ☐ ☐ ☐ ☐ ☐ ☐

Comments:

V. Radiology Skills of the Applicant

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

0 = Can not evaluate; 1 = Unacceptable; 2 = Borderline; 3 = Average; 4 = Above Average; 5 = Excellent

A. Broad knowledge of Radiology: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

B. Knowledge of state-of-the art CT: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

C. Knowledge of state-of-the art MRI: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

D. Knowledge of state-of-the-art Ultrasound: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

E. Knowledge of Interventional Radiology: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

F. Knowledge of Neuroradiology: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

VI. Nuclear Medicine Skills of the Applicant

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

0 = Can not evaluate; 1 = Unacceptable; 2 = Borderline; 3 = Average; 4 = Above Average; 5 = Excellent

- A. Knowledge of SPECT and SPECT/CT: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

- B. Knowledge of PET and PET/CT: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

- C. Knowledge of gated SPECT myocardial perfusion imaging: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

- D. Knowledge of NaI-131 therapy: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

- E. Knowledge of parenteral radionuclide therapy: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

- F. Knowledge of in vitro procedures: 0 1 2 3 4 5
Comments: ☐ ☐ ☐ ☐ ☐ ☐

VII. Proficiency in English

A. Ability to effectively communicate orally

- ☐ Excellent
☐ Rarely must repeat phrases
☐ Occasionally must repeat phrases
☐ Frequently must repeat phrases

B. Vocabulary

- ☐ Excellent
☐ Very good
☐ Fair
☐ Poor

VIII. Medical Examinations

	Certificate Number	Date Issued (<i>mm/dd/yyyy</i>)
ECGMG (US)	_____	_____
MCC (Canada)	_____	_____
	Score	Date Passed (<i>mm/dd/yyyy</i>)
USMLE(S)		
Step 1	_____	_____
Step 2 (CK)	_____	_____
Step 2 (CS)	_____	_____
Step 3	_____	_____
NBME	_____	_____
FLEX	_____	_____

VI. Recommendation of the Program Director

- A. Do you recommend that the ABNM accept this applicant's radiology training as being equivalent to radiology training in the United States or Canada: ☐ Yes ☐ No ☐ Yes with reservations (*please explain below*)

Comments:
