



Initial Certification Examination Application

Part 3 - Start Application

ABNM Certification Examination Application Statement

I HEREBY apply to the American Board of Nuclear Medicine, Inc. ("ABNM" or Board") for admission to the certification examination of the Board, all in accordance with and subject to the Board's policies and procedures

Print

Fees and deadlines

I have reviewed all the fees and deadlines relating to this application and the certification

You have indicated you agree to the above terms of the Application Statement.

Continue



Initial Certification Examination Application

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:

- **Program Director's Evaluation of Clinical Competence**
 - For all US or Canada accredited nuclear medicine training.
- **Medical school diploma**
 - With translation if applicable
- **Medical Examinations**
 - **ECFMG**
 - **MCC**
 - **USMLE-Steps 1, 2 Clinical Knowledge (CK), 2 Clinical Skills (CS) and 3**
- **Medical License**
 - All states licenses, **valid at the time of exam.**
 - 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.



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- Certificates from residency training completed outside the US and Canada
- Curriculum Vitae (CV)

The program director must complete an [Evaluation of Clinical Competency Form](#) by July 15th.

These forms can be filled out and printed with adobe reader (the free pdf reader), but the completed forms cannot be saved. To save the completed form adobe acrobat or its equivalent is needed. For best results and to avoid error messages, a recent version of the Adobe software should be used. The latest version of adobe reader can be obtained for free at <http://get.adobe.com.reader>.

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 \$2400 must be paid by credit card by July 15 to avoid a late fee of \$500.00.



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

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. 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](#)



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Part 3 - Contact Information

Demographics

*Name/degree to be printed on certificate:

*Date of Birth:

mm/dd/yyyy

*Gender:

F



*Country of Birth:

United States



*Citizen of...:

Email:

mwatts@abnm.org | [Change Password/Email](#)

*Degree(s):

Mailing and Billing Preferences

Mail To:

Work



Bill To:

Home





Initial Certification Examination Application

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"/> ▼
*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"/>

Save & Continue



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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

*Country:

*City:

*Medical School:

*Dates Attended:

*Degree Earned:



*Year Degree was Awarded:

*Upload Medical School Diploma:



*Current File:



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Part 3 - Non-NM Clinical Training

Instructions

List all preparatory clinical training (including internships) after medical school and all residency training leading to eligibility or board certification except for nuclear medicine training.

Upload either the certification of completion or a confirmation letter of completion for each training.

All other training will be listed on your CV, which will be uploaded on the Training Pathway page of this application.

US/Canada Clinical Training

[Add New Training](#)

No Training Specified

International Clinical Training

[Add New Training](#)[Save & Continue](#)



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Part 3 - NM Training Pathway

Instructions

Upload your current CV, enter your NM training pathway, and complete the residency training for the institution(s) in which you completed residency training.

CV Upload

*Add/Change Upload:

Select a file... 

*Current File:

Pathway

Residency Training

Add New Training

No Training Specified

Save & Continue



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Part 3 - Medical Examinations and Licensures

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	Upload
ECFMG (US)	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="button" value="Select a file..."/> 



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Medical Examinations

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

Title	Date Passed	Upload
USMLE - Step 1	<input type="text" value="mm/dd/yyyy"/>	Select a file...
USMLE - Step 2 - Clinical Knowledge	<input type="text" value="mm/dd/yyyy"/>	Select a file...
USMLE - Step 2 - Clinical Skills	<input type="text" value="mm/dd/yyyy"/>	Select a file...
USMLE - Step 3	<input type="text" value="mm/dd/yyyy"/>	Select a file...
MCC Qualifying Exam Part I	<input type="text" value="mm/dd/yyyy"/>	Select a file...
MCC Qualifying Exam Part II	<input type="text" value="mm/dd/yyyy"/>	Select a file...

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 Delete next to 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.



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Type	State/Province	Expiration Date	Upload	
No Licenses				

List all Medical Licenses

License Type:	<input type="text"/>	▼
State/Province:	<input type="text"/>	▼
		Check if Pending: <input type="checkbox"/>
Expiration Date:	<input type="text"/>	mm/dd/yyyy
*License Upload File:	<input type="text"/>	Select a file... ?
*Current File:		

Save & Continue

Save & Add More



Initial Certification Examination Application

Part 3 - Other ABMS Board Certification and Eligibility

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 or Expected Date of Initial Certification:	<input type="text" value="yyyy"/>
Date of Last Recertification:	<input type="text" value="yyyy"/>
Certificate Number:	<input type="text"/>

Not Applicable to me ☐

Save & Continue

Save & Add More



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Part 3 - Prior ABNM Application

*Have You Applied or Taken the Exam Before:

Most Recent Year Applied or Taken:

yyyy

Total Number of Times Taken:

Save & Continue



Initial Certification Examination Application

Part 3 - Application Checklist

Application Information

Application ID: 9031
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.

Status	Page	Title
Accepted	1	Application Statement
No Data	2	Instructions
No Data	3	Contact Information
Data Entered	4	Education
Data Entered	5	Non-NM Clinical Training
No Data	6	NM Training Pathway
No Data	7	Medical Examinations and Licensures
No Data	8	Other Specialties
No Data	9	Prior Applications
Not Submitted		Application Status



Initial Certification Examination Application

Deadlines

The Certification Examination Application is open from December 31 at 19:00:00 EST through May 31 at 23:59:59 EDT. The online application must be completed and submitted by May 31 at 23:59:59 EDT. Supporting documents supplied by applicants must be received by March 31 at 23:59:58 EDT or application will be rejected. Supporting documents supplied by training programs must be received by April 30 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 23:59:58 EDT. Entire application fee (including late fees) is non-refundable after May 31 at 23:59:59 EDT.