



Maintenance of Certification Exam Registration

TYPE OR PRINT (IN INK) ALL INFORMATION

CONTACT INFORMATION

Please indicate whether any of this information has changed since you last updated us.

Name: _____ Male Female
 New Last First Middle

What was your name when you received your last certification?

Last 4 digits of your Social Security No. (U.S. or Canadian) _____ Date of Birth: _____
 MM / DD / YYYY

Home Address:

 New Street Address

 City State Zip

Please list your current employer/practice name and contact information.

 New Employer or Practice Name

 New Street Address

 City State Zip

Please indicate the address where you wish to receive correspondence: Work Home
 (If this is left blank correspondence will be sent to your home address.)

Telephone Numbers: Office: _____ Fax: _____
 New New

Home: _____ Fax: _____
 New New

E-Mail Addresses: Office: _____ Home: _____
 New New

Last name

First name

Middle name

CERTIFICATION

Please mark your certification specifics.

I hold certification in:	Which expires December 31:
<input type="checkbox"/> Diagnostic Radiology	Year: _____
I also hold diagnostic radiology subspecialty certification in:	Which expires December 31:
<input type="checkbox"/> Nuclear Radiology	Year: _____
<input type="checkbox"/> Neuroradiology	Year: _____
<input type="checkbox"/> Pediatric Radiology	Year: _____
<input type="checkbox"/> Vascular and Interventional Radiology	Year: _____
<input type="checkbox"/> I hold lifetime certification in Diagnostic Radiology	
I hold certification in:	Which expires December 31:
<input type="checkbox"/> Radiation Oncology	Year: _____
<input type="checkbox"/> I hold lifetime certification in Radiation Oncology	
I hold Radiologic Physics certification in:	Which expires December 31:
<input type="checkbox"/> Diagnostic Radiologic Physics	Year: _____
<input type="checkbox"/> Therapeutic Radiologic Physics	Year: _____
<input type="checkbox"/> Medical Nuclear Physics	Year: _____
<input type="checkbox"/> I hold lifetime certification in Radiologic Physics	
<input type="checkbox"/> I hold lifetime certification in Radiology	

PROFESSIONAL STANDING

List any licensure or other regulatory agency certification required for your practice in any jurisdiction of the United States or Canada where you practice (if/as applicable):

State/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYYState/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYYState/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYYState/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYYState/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYY**Please attach additional pages if necessary for further licensure or clarifying comments.**

Last name

First name

Middle name

Currently, or at any time since your certification with the American Board of Radiology, have you had a restriction, condition, limitation, suspension or revocation placed on any of your state licenses?

 Yes* No N/A (Radiologic Physics Diplomates Only)

*If "Yes" you are required to submit your statement providing the details of any disciplinary actions and restriction, condition, limitation, suspension or revocation of your state license, including the names of the disciplining agency or licensing board, the date thereof, the subject matter and any sanctions.

***Please attach appropriate documents and additional pages if necessary.**

From time to time, the American Board of Radiology will do random validation of diplomate licensure status.

**When you register for the examination,
you must do so at least 6 weeks before the exam.**

- You must be **current** in your payments to ABR-MOC. **You do not have to have the entire cycle paid before you take the exam**—you must only be current in your annual payments. As you will continue with your other components throughout the cycle, we expect the payments to continue as well. A credit card form is attached at the end of this form for your convenience.

The Board reserves the right to make changes in its fees, policies, and procedures at any time, and cannot assume responsibility for giving advance notice thereof.

- **Please remember that passing the exam is only one component of the MOC program. Unless you are at the end of your 10-year cycle, you still have continuing education credits to earn, SAMs to complete, and Practice Performance projects to finish.**
- Passing the exam does not mean that you will receive your new certificate immediately. Your 10-year cycle will continue. When the cycle is complete and all components of ABR-MOC have been completed, your new certificate will be issued.

- I intend to apply for special exam accommodations under the Americans with Disabilities Act, and acknowledge that my application and all required documentation must be received in the ABR office no less than six weeks before my exam date.

Last name

First name

Middle name

EXAMINATION REGISTRATION

Please visit www.theabr.org for a list of currently scheduled exam dates. We will attempt to honor your preference. However, because of limited seating for computer-based examinations, assignments will be made on a first-come, first-served basis.

- ***The selected exam date must fall within year 8, 9, or 10 of your MOC cycle.***
(Exception: If you took the exam during year 8, 9, or 10, and need to repeat the effort, you can register for any date within 3 years of the December 31 date of your certificate expiration.)
- ***MOC examination registration, date selection, and fee payment must be completed and received by the ABR 6 weeks before the selected exam date.***
Late registration *may* be possible, and will be considered up to 4 weeks prior to exams administered at annual society meetings OR up to 2 weeks prior to exams in Tucson.
The fee for late registration is \$100.00.
- ***The ABR will send you a confirmation/receipt letter specifying the day, time and location of your exam immediately after your exam registration is processed.***
- ***Cancellation and No-show Fees:***
A fee of \$400.00 will be charged for cancellations received less than three weeks prior to the scheduled exam date.

Please specify your exam date choice:

Date (your exam day & time will be assigned)

Month / Year _____

Send your completed form and any fees that are due to:

THE AMERICAN BOARD OF RADIOLOGY
5441 E. WILLIAMS BLVD., SUITE 200
TUCSON, ARIZONA 85711

Or fax to: (520) 790-3200

You signed a statement similar to that on the following page when you enrolled in MOC. As some time has elapsed since that date, we require that you review the document and sign it again prior to taking your examination.

