

# AMERICAN BOARD OF HEALTH PHYSICS

950 Herndon Parkway, Suite 450  
Herndon, Virginia 20170

## RADIATION PROTECTION REPORT COVER SHEET

Please complete this form and attach it to the report submitted with the Application for Certification.

Applicant's Name: \_\_\_\_\_

Author: (Check all applicable, but at least one.)

- Report authored solely by the applicant.
- Applicant originated the first draft.
- Applicant solely responsible for major sections. (Mark those sections on the

Report.)

report

- Applicant primarily responsible for the research and development behind the  
and shared the writing effort.

applicant.

- Describe manner in which this report reflects a "professional effort" by the

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Subject Area of Report:

- Facility/Process Evaluation
- Protective Guidance Document
- Dose Assessment
- Retrospective/Prospective Radiation Protection Evaluations (e.g., accident evaluation, emergency planning)
- Other area in which ABHP tests and certifies expertise (specify):

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Professional Element:

- Judgement (describe):

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- Non-regulatory guidance used (describe):

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Signature of all authors (original signature in ink):

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