

SCANNER

THE OFFICIAL NEWSLETTER OF THE ACNP

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President's Message



As we approach the end of the summer, many of us will be returning from vacations, hopefully refreshed and with a new enthusiasm for our jobs and our personal lives. Younger children as well as many of college age see this as the real start of the new year based on their school schedule. Our residents recently experienced the start of their new year on July 1st. The federal government restarts in October (fiscally) but due to elections, may be seen to start in November or in January depending on your perspective. For the American College of Nuclear Physicians, the coming fall is the “home stretch” for our year, which technically ends in December, but for practical purposes will really end in mid-January with our annual meeting in San Diego. With all of these varying time lines, it is sometimes difficult to keep a focus on what is really a year-long pattern of events.

The College's activities over the last several months have included several major events superimposed on a background of routine, but probably more important, endeavors. In May, representatives from the College and the Society of Nuclear Medicine and our Washington consultants, visited the offices of selected members of the House and Senate to promote some of our major programmatic interests in pending or proposed legislation. While this trip to “the Hill” may punctuate the government relations activities of the College, it can only be successful when superimposed on the constant preparation laid by the consultants and our central office. This preparation includes keeping our organization up-to-date on activities in the great sea of proposals and interests that is constantly swirling in Washington so that our efforts can be coordinated with those of both our friends and our opponents. In addition, we must be able to continually introduce and then reinforce our perspective to the various committees, commissions, legislative aides, and other key individuals in the government. All of this is managed through the central office in Reston, which ACNP is very fortunate to share with the Society. As a small group (compared to industry and even some medical powers, such as the AMA) nuclear medicine has an uphill battle to fight to keep our voice heard. Not that I am paranoid, but it seems that someone is always out to get us. Frequently, these processes are not purposefully directed at us but we are merely the innocent bystanders in the wake of some other organization doing for their constituents exactly what we are trying to do for ourselves. Vigilance is critical.

In other activities, the College presented two continuing education sessions at the SNM annual meeting in Philadelphia highlighting socioeconomic aspects of nuclear medicine practice. One

presentation gave insight into the processes of coding and reimbursement (i.e. how CPT codes are created and how relative value units are developed and maintained). While this is a part of the background business of medicine that few of us are very aware of, Dr. McKusick made it clear why we must continue to be an active part of this process. Dr. Henkin discussed regulatory mandates that may not be well known to many of us until the inspector arrives at our door. Finally, Dr. Dillehay described how the process of reimbursement and medical decision making works in the regional and local carrier system of CMS and how important it is to be actively involved in that process.

Working with other imaging organizations is important to accomplishing our own mission. In this context, I have just returned from a meeting of the Intersociety Committee, a group of over 50 imaging specialty and subspecialty groups that met to discuss the issue of optimal utilization of imaging resources on a national and local level. While matters related to self-referral were a key focus for the meeting, even something as superficially simple as this generated substantial differences of opinion on how our part of organized medicine should proceed. The summary of this meeting will be available in the relatively near future and will be communicated to you in more detail at that time through the *Scanner* and our website.

Lastly, the process for appointments to committees for the 2005–2006 year will be coming sooner than many of us think. Please contact me at wmoore@sleh.com if you have questions or if you are interested in serving on any of the College's committees or are interested in being nominated as an officer or for a position on the Board of Regents. Even though I had been a member of the College for several years, it was not until I responded to an announcement such as this one, that I became actively involved in the organization. Like all volunteer organizations, we depend on our members to perform many tasks and this is an excellent opportunity to become involved at a national level.

*Warren Moore, MD, FACNP
President, ACNP*

Nuclear Medicine Profile: Eva Dubovsky, MD, PhD, FACNP



Eva Dubovsky, MD, PhD, FACNP, is a real life American dream story. She was born and raised in Prague, Czechoslovakia. Her husband, Jiri, came to the University of Alabama on a research fellowship in 1965; although he returned to Prague 2 years later, he was again persuaded to come back to the University of Alabama in 1968. This time Eva and their 2 young sons came to Birmingham to join him in March 1968. In August 1968, the Russians invaded Czechoslovakia, in effect stranding the Dubovsky's in Birmingham, Alabama. Eva was without credentials, or papers, in the US on a J-2 Visa (her husband had a J-1). She had completed her medical education and training in internal medicine and endocrinology in Prague. From that difficult beginning in the United

States, today Eva is a household name in nuclear medicine, particularly known for her work in renal radionuclide imaging. She is a humble person, youthful, and very approachable. Her teenage look would vex you if you knew her professional accomplishments, but not if you knew her personally.

Eva's father was a professor of Neurology at Charles University in Prague where Eva earned her MD degree followed by a fellowship in endocrinology and metabolism, 1963–1965. She earned

her PhD with a dissertation in the clinical significance of alpha-ketoacidosis at Charles University in May 1965.

In September, 1968, finding herself in Birmingham, Alabama, with no realistic option to return to her home in Prague, Eva accepted a research fellowship in Endocrinology at the University of Alabama and the VA. Fortuitously, in 1970–1972 she undertook a clinical associateship in nuclear medicine as an instructor in medicine, under the guidance and direction of James Pittman, M, and in April 1973, was examined and certified by the newly established American Board of Nuclear Medicine. That's how nuclear medicine got Eva Dubovsky.

Eva made her career in nuclear medicine becoming director of the division in the department of radiology at University of Alabama in 1983. In 2001 she stepped down as director, and has continued to work (to everyone's relief) half time in nuclear medicine, spending more of her time in nuclear cardiology.

Eva's professional accomplishments are exemplary; including more than 125 published scientific articles. Just a few highlights from her professional activities include: serving as secretary for the Society of Nuclear Medicine, president of the Southeast Chapter, and on the board of directors of the American Board of Nuclear Medicine. Currently, she is running the resident review course at the Society of Nuclear Medicine's annual meeting.

Her accomplishments as a wife and mother are equally impressive. Her 2 sons are both excelling in their fields. Ivan is a vice president of American Express in London, England. Phillip is a pediatrician working for the Gates Foundation to distribute funds to establish immunization programs in malaria for countries around the world. Both are married and Eva is the proud grandmother of 2 grandchildren with one more on the way.

We are indeed proud to recognize Eva Dubovsky for her contributions to nuclear medicine and for being the wonderful American dream personified.

Naomi Alazraki, MD, FACNP

Government Relations

It has been a busy past few months for the ACNP-SNM Joint Government Relations Committee and staff on many fronts, despite Congress being essentially on hiatus. A sampling of some recent activities include:

Food and Drug Administration (FDA)

With the active guidance and involvement of counsel, and in conjunction with members of the Nuclear Medicine Industry Leaders Working Group (NMILWG) and ACNP and SNM leadership, the FDA Nuclear Medicine Coalition continues to grow, both in terms of membership and its influence. The working goals and objectives of the Coalition are:

- To coordinate efforts regarding FDA issues involving nuclear medicine;
- To develop common ground on FDA Guidance;
- To develop an outreach strategy for consumer involvement in coalition activities;
- To more efficiently and effectively deploy resources in support of improving communications and fostering closer ties with the FDA; and
- To provide an additional forum for highlighting issues.

As of July, 2004, the growing membership of the FDA Nuclear Medicine Coalition includes 32 companies/organizations, representing leading manufacturers and developers of radiopharmaceuticals and compounds, nuclear medicine cameras, and a variety of other hardware and software developers/manufacturers who provide products integral to the practice of nuclear medicine. Coalition members include such companies as Philips-ADAC, Siemens Medical Solutions, TYCO-Healthcare Mallinckrodt, GE Healthcare, GE Medical Systems, Cardinal Health, CTI, Inc., and Bristol-Myers-Squibb Medical Imaging.

The FDA Nuclear Medicine Coalition will have met twice by the time that you read this, having established three subgroups to more efficiently focus on three key areas which were identified as priorities for coalition members: the focus subgroup which is responsible for establishing the goals and objectives of the coalition, as well as managing the meetings of the coalition and expanding its membership; the guidance subgroup which is responsible for monitoring development of the revised guidance document at FDA and facilitating an orchestrated response from coalition members, CORAR, NMIA, MICA, and other nuclear medicine interests once the document is released; and the outreach subgroup which is charged with reaching out to health care consumer advocates to include their interests in activities of the coalition, as well as to identify issues of common interests where the coalition and these respective groups can work together.

Nuclear Regulatory Commission (NRC)

Keeping the level of NRC regulation for nuclear medicine to an appropriate level of risk presented is a key goal of ACNP leadership. To that end, revisions to Part 35 Training and Experience requirements are closely monitored by both staff and volunteer leaders on an ongoing basis. Further, assuring that lines of communications with key NRC staff remain open is also an ongoing priority. ACNP continues to work with SNM, ACR, and other organizations to organize the response of several medical specialty societies and boards to facilitate the submission of consistent comments.

NRC staff has recently completed its review of SNM's draft guidance on Diagnostic and Therapeutic Nuclear Medicine. The publication, authored by Dr. Jeffrey Siegel for SNM, debuted at SNM's recent annual meeting. Publication of this guidance marks a major "first" for the nuclear medicine community; users have now, for the first time, the option of a guidance written by nuclear medicine professionals, not just the guidance written by the NRC.

Department of Energy (DOE)

With respect to the isotope interests of the nuclear medicine community, President Bush's proposed FY2005 DOE budget is problematic; the proposed budget does not include funding for the Advanced Nuclear Medicine Initiative and is absent any improvements for acquiring research isotopes from DOE. In addition, the proposed budget does not suggest any significant changes in how to supply medical isotopes in the future.

At their 2004 mid-winter meeting, the ACNP-SNM GRC heard a presentation from the National Radioisotope Production Task Force (NRPTF) regarding the development of a proposed National Isotope Program to ensure that critical isotope supply needs are evaluated and systematically addressed. With the guidance of counsel, ACNP and SNM leadership and staff are

working to lay the groundwork for a broad coalition—both in the nuclear medicine and imaging communities, as well as on Capitol Hill—to support cultivation of federal funding for the Task Force’s proposed National Isotope Program.

Written testimony on FY2005 DOE budget appropriations issues was prepared and submitted this spring with the guidance of counsel and staff. The testimony highlighted ACNP’s disappointment with proposed funding for isotopes, as noted above, and called for the creation of a National Isotope Program. ACNP leadership is working with SNM leadership and Senator Bond and MURR on immediate steps to increase isotope production capabilities at MURR, an action that is contemplated as part of the NRP Task Force’s National Isotope Program.

HEU export issues are high on the GRC radar screen of late. The Burr and Bond amendments remain in the new Energy Bill that is still being negotiated at this writing. ACNP staff, leadership, and counsel continue to work closely with both SNM and CORAR, broadening the coalition base in support of protecting HEU exports.

Education Funding

The ACNP, in partnership with SNM and SNMTS are seeking parity of treatment in federal funding for radiation technologist and nuclear medicine technologist training programs. Current rules limit NMT funding to a few programs while allowing RTs funding for a full range of training programs. At the same time, the proposed FY2005 federal budget offers only small increases in education funding which are offset by large decreases in other public health categories. Additionally, ACNP joined SNM in submitting written testimony to the congressional committees with FY2005 appropriations authority over HHS. Specifically, we urged these committees to reinstate proposed Bush administration cuts to Title VII funding.

There are continuing calls from ACNP members and the nuclear medicine community for additional funding for nuclear medicine residency training slots and funding for extended training in nuclear medicine for radiologist residents. ACNP and SNM have designed a simple, \$2 million per year program to provide training for 50 residents for the next five years. Senators Reid and Specter have been approached and have indicated a high level of interest in this program. ACNP and SNM continue to seek additional support on Capitol Hill for this project, including highlighting this request in SNM’s written testimony to appropriating committees for FY2005 and beyond.

Coding & Reimbursement

In furtherance of the high priority that reimbursement issues receive on ACNP member radar screens, the SNM Coding & Reimbursement Committee, the Nuclear Medicine APC Task Force, and key ACNP volunteer leaders and staff has worked tirelessly in recent months on a variety of activities in support of this important activities. A sampling of accomplishments achieved on reimbursement issues includes:

Member & Non-Member Coding & Reimbursement Educational Efforts

- SNM/AHRA Collaboration Project: A one-half day nuclear medicine program attached to three AHRA radiology-coding seminars;

- SNM/HFMA: A one-half day nuclear medicine program to educate hospitals regarding proper nuclear medicine coding;
- Creation of two new web pages, one for physicians' office and hospital educational materials; and
- Creation of coding@snm.org e-mail address for members to submit coding questions for Coding & Reimbursement consensus opinions and general nuclear medicine coding guidance.

Nuclear Medicine New and Revised Codes for 2004–2005

- Four new and revised **hospital revenue codes** for nuclear medicine procedures and radiopharmaceuticals, effective October 2004;
- Accepted with minor revisions CPT application/survey & analysis for Therapy Code section of CPT® **79000 code revisions** submitted with ACR and ASTRO, effective January 2005;
- Accepted with minor revisions CPT application/survey & analysis for **PET and PET/CT** codes submitted with ACR, effective January 2005;
- Accepted with **major** revisions CPT application for **revision to 78990 & 78999** codes submitted by SNM with ACR, effective January 2005 these codes will be deleted instead of revised;
- Accepted with **major** revisions CPT application for nonuniform **attenuation correction (784XX)** codes submitted by ASNC/ACC with SNM support, effective January 2005. Separate AC codes not approved look for revisions to current 78464, 78465. No valuation increase at this time due to typical procedure currently not performed by this method; and
- Submitted and accepted for review, nontraditional HCPCS application to standardize and revise 57 radiopharmaceutical descriptions for the 2005 year. (Note: Decision pending Committee review July–August 2004, with anticipation of official decision by late September 2004.)

CMS Issues and Related Activities

- ACNP and SNM participated in numerous activities with APC Task Force and/or CORAR regarding proposed and final rules for the 2004 & 2005 Hospital Outpatient Prospective Payment System.
- ACNP and SNM representatives attended multiple face-to-face meetings with CMS officials regarding 2005 APCs.

News Scan from www.acnponline.org

NCI Soliciting Contract Proposals from Small Companies Producing Radioactive Materials

The National Cancer Institute (NCI) is now soliciting Small Business Innovation Research (SBIR) program contract proposals. Companies can apply for funds to design targetry to produce and separate novel radionuclides and to create radiochemicals with automated synthesis modules. Contract proposals are due November 5.

The National Cancer Institute (NCI) has announced solicitation for the 2004 SBIR contract proposal, due November 5, 2004. Small businesses can apply for funds to design targetry to produce novel radionuclides and separate them and/or to create radiochemicals with automated synthesis modules. The announcement is located in the related items box below.

The resulting daily availability of such radionuclides as Cu-64 or I-124 can lead investigators to the development of novel radiopharmaceuticals for PET-based molecular imaging and for therapy.

This NCI initiative is highly complementary to the current SNM program for National Radionuclide Availability and is a result of the SNM-NCI joint workshop, which was held in September 2003.

ACNP/SNM is very pleased about this NCI initiative.

Federal Register Announced Dates for APC Panel Meeting

The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary, DHHS, (the Secretary) and the Administrator, CMS, (the Administrator) concerning the clinical integrity of the APC groups and their associated weights. The Secretary and the Administrator consider the Panel's advice as CMS prepares its annual updates of the hospital Outpatient Prospective Payment System (OPPS) through rulemaking.

DATES: The second biannual meeting for 2004 is scheduled for the following dates and times: Wednesday, September 1, 2004, 1 PM.–5 PM; Thursday, September 2, 2004, 8 AM–5 PM; Friday, September 3, 2004, 8 AM–12 NOON.

Written Comments and Suggested Agenda Topics as well as the request for individuals and organizations wishing a 5 minute oral presentations are due August 18, 2004 by 5 PM. Topics for discussion and comments per the Panel's Charter:

- Reconfiguration of APCs;
- Evaluation of APC weights;
- Packaging devices and drug costs into APCs; methodology effect on APCs;
- Removal of procedures for the inpatient list for payment under OPPS;
- Use of single and multiple procedure claims data; and
- Packaging of HCPCS codes.

Final Inpatient PPS Rule Increases Access to High Quality Hospital Care Through Financial Relief to Hospitals

The Centers for Medicare and Medicaid Services (CMS) issued the FY 2005 hospital inpatient prospective payment system (PPS) regulation, which provides for greater access to high-quality care in U.S. hospitals. The final rule increases payments to acute care hospitals, provides financial relief to rural hospitals, and, for the first time in the history of the Medicare program, creates a link between the quality of services to Medicare beneficiaries and payment for those services.

Under the final rule, the combined impact of the inflation update and other proposed changes will yield an average 5.7 percent increase in payments for urban hospitals in fiscal year 2005, while rural hospitals will see an average increase of 6.2 percent. In FY 2005, Medicare payments to approximately 3,900 acute care hospitals under the hospital inpatient PPS are projected to be \$105 billion, up from a projected \$100 billion in fiscal year 2004.

Medicare Proposes Expanded Coverage and New Studies of FDG-PET for the Diagnosis of Alzheimer's Disease

CMS determined that use of PET for the diagnosis of suspected AD would be covered for patients when a specific diagnosis remains uncertain despite a thorough clinical evaluation. Medicare will also cover PET in other patients with early dementia or unexpected memory loss who are enrolled in clinical trials with certain safeguards for patients, including informed individualized analysis and evaluation of test results and health status.

Residents as Future Leaders

Dear Nuclear Medicine Residency Program Directors:

On behalf of the American College of Nuclear Physicians (ACNP) Residents Organization, I am honored to announce the formal launch of the ACNP Residents Organization Mentorship Program. Planned since the 30th Annual Meeting of the ACNP to enhance professional development of nuclear medicine residents and fellows, this mentorship program seeks to train and coach competent, board eligible/board certified clinicians, physicians, and researchers who are going to graduate into the nuclear medicine workplace in the near future.

Your residents/fellows will be matched with a mentor who is a senior or junior attending located in a different area of the country. This mentor will be willing to contribute the time, effort, and advice to guide the mentee in specific problems and scenarios related to professional development. Please note that the mentees and mentors will be carefully screened and matched together, based upon their particular needs and background. The relationship can be developed via e-mail or phone preferably once a month with additional conversations in emergency situations. This relationship will be formally established by both mentor and mentee signing a contract for participation. Either party may quit at anytime if the mentoring relationship is found not to be beneficial by notifying the other party.

As you may already be aware, the ACNP Residents Organization was established to support and train nuclear medicine residents and fellows in starting and implementing a successful career in this specialty. The ACNP Residents Organization focuses on professional enhancements (especially career planning, job search and publications) rather than clinical education, and thus functions to provide the tools, resources, and opportunities to make the successful transition from trainee to attending. For more information about the ACNP Residents Organization, please visit the Residents Organization's section of the ACNP website www.acnponline.org by clicking on "Professional Enhancement" and "Residents as Future Leaders."

This mentorship program is offered free to ACNP members, so please help spread the word among your trainees about the ACNP membership for residents/fellows, which is also free. This is made possible by generous industry support, which is subsidizing the \$50 annual membership

fee for residents. A simplified half-page version of the membership application is included in this issue of Scanner and may also be found on the ACNP website.

As always, if I may be of further assistance regarding this mentorship program or any other ACNP Residents Organization activities, please do not hesitate to contact me at sdadparvar@aol.com.

Thank you in advance for your kind efforts.

Respectfully yours,

Simin Dadparvar, M.D.
Director, ACNP's Residents
As Leaders Mentorship Program

Henry Kim, MD
President of ACNP
Residents Organization

Nuclear Medicine Mentoring Program

Organizational goals

The purpose of the Mentoring Program is to assist the nuclear medicine trainee, i.e. residents, fellows, and researchers to develop fully their professional career, through a support system that augments guidance by nuclear medicine residency program directors. These programs complement the ACNP's priority to recruit, retain, and develop job opportunities for competent and qualified nuclear medicine physicians and researchers in United States. The goal is to implement the proven success strategies of mentoring in career development in nuclear medicine field.

Mentoring goals

- ❑ Increase potential for academic success and thus increase the number of strong nuclear medicine trainees who do well in the program and pass the ABNM qualifying exam.
- ❑ Increase collaboration and networking opportunities.
- ❑ Provide a structured system for strengthening and assuring the continuity of the nuclear medicine physicians and researchers as specialists.

Mentoring objectives

- ❑ Residents and/or fellows will select a junior or senior nuclear medicine faculty member who will guide them in preparing for the future job opportunities in academic centers, private practice, and /or the industry.
- ❑ The relationship between mentor and mentee should be kept professional and confidential.

Mentoring responsibilities

- ❑ Mentee: ask for career, professional and personal advice on issues of education, research, marketing, academic and private practice job prospects, salary negotiation, be available for networking opportunities and introduction to key individuals by mentors.
- ❑ Mentor: guide mentee in personal and professional issues; participate in open, honest goal setting and feed back in career development; introduce mentee to individuals who can facilitate professional advancement, advising for further training as needed in cardiology, oncology, positron emission tomography, computed tomography, etc.
- ❑ Both: Complete mentor/mentee agreement and send to Jen Morse, American College of Nuclear Physicians, 1850 Samuel Morse Drive, Reston, VA 20191; participate in yearly evaluation.

Mentoring time commitment

- ❑ 1–3 year partnership, beginning in the first or second year of mentee’s nuclear medicine residency, continuing through the first year advancement to practice as nuclear medicine physician or scientist after graduation.
- ❑ Contact: established by mentee.
- ❑ Recommended guidelines: monthly contact through e-mail and/or telephone, more frequent contacts, at agreed upon intervals.

Benefit to mentee

- ❑ Guidance in proper involvement in educational and research activities, facilitating advancement to employment in an appropriate job environment.
- ❑ Feed back on academic progress.
- ❑ Acknowledgement of mentee’s unique abilities and potential for improvement.
- ❑ Support and experienced guidance in self-managing career development.
- ❑ Increased network of contacts and resources for support.

Benefits to mentor

- ❑ Sharing wisdom and experience.
- ❑ Learning from the expanded view of experience of the residents and fellows.
- ❑ Recognition by mentee for mentor’s academic and professional achievements.
- ❑ Involvement in collaborations enhancing mentor’s professional activity.
- ❑ Acknowledgement by the ACNP’s Residents as Future Leaders program.

The above mentorship program was created in response to survey questionnaires in several U.S. residency-training programs over the past several months.

If you have any further comments, please do not hesitate to contact Dr. Simin Dadparvar at: sdadparvar@aol.com.

ACNP's 31st Annual Meeting

The ACNP's 31st Annual Meeting will be held at the San Diego Hilton Resort on January 15–19th in San Diego, California. The scientific committee has put together a dynamic and excellent scientific and socioeconomic program uniquely designed for nuclear medicine physicians.

There will be a session for scientific abstract presentations and all the nuclear residents and fellows are encouraged to submit their abstracts at no later than November 1, 2004. The top 5 abstracts will be given awards at the meeting. The accepted scientific presentations may be submitted to the *Journal of Nuclear Medicine*.

Nomination for Fellowship

The ACNP is seeking outstanding candidates for to be nominated as fellows in the year 2005. The eligible applicants must have made outstanding contributions to the field of nuclear medicine and/or to the American College of Nuclear Physicians.

Please fill out the application, which is available at www.acnponline.org, and send it along with two recommendation letters from current ACNP fellows to Jen Morse at the ACNP office, 1850 Samuel Morse Drive, Reston, VA, 20190. For more information on the application, go to www.acnponline.org and click on Fellowship Program.

For further information, please call Ms. Jen Morse at 703-708-9000. The deadline for submission is October 15, 2004.

American College of Nuclear Physicians Membership Application

Please check the category for which you are now applying. Annual dues are shown for each category.

- FULL MEMBER PHYSICIAN/SCIENTIST (\$175.00) CORRESPONDING (\$250) AFFILIATE (\$150)
(International) (Industry employee)
- ASSOCIATE (\$150) RESIDENT/FELLOW (\$50) EMERITUS
(Within 3 years post graduate) (Free, sponsored by industry)

Indicate status below:

- Physician Scientist Other _____

Please complete all of the following. Type or legibly print.

Name _____ SS # _____

Academic degree(s) _____ Gender: M F Birth date ___ / ___ / ___

Please supply data for both home and office; indicate preference for routine mailing Office Home

Home mailing address _____

Home Phone (____) ____ - ____ Fax (____) ____ - ____ email: _____

Affiliation: (Institution, Company, Other, or write "none") _____

Office mailing address _____

Office Phone (____) ____ - ____ Fax (____) ____ - ____ email: _____

College(s) _____

Name	Location	Degree	Year
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Name	Location	Degree	Year
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Medical school: _____

Name	Location	Degree	Year
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Board certification(s) _____

(ABMS approved) Name of specialty/subspecialty board Year

Other certification _____

Name of certifying body Year

Signature of applicant _____ Date ___ / ___ / ___

You may pay by check or credit card.

Visa, American Express or MasterCard number: _____ Expiration Date: _____

You may copy this application form and send it along with your check or credit card information (above) to the American College of Nuclear Physicians, Attn: Membership, 1850 Samuel Morse Drive, Reston VA 20190 or fax to 703-708-9015

For more information you may call, 703-708-9000 x1216.