Wayne State University School of Medicine

Annual ABR Oral Board Exam Review Friday, April 24, 2015 8:30 am - 4:30 pm

An all day workshop designed to prepare physicists for the ABR oral board examination in Therapeutic Radiological Physics.

Learn valuable testing tips, tricks and strategies. Participate in multiple mock oral exams. Observe examinations of other attendees. Benefit from feedback provided to other attendees.



Division of Radiation Oncology 4201 St. Antoine UHC 1D Detroit, MI 48201

> Phone: 313.576.9624 Fax: 313.576.9625

Workshop held at the

KARMANOS CANCER INSTITUTE GERSHENSON RADIATION ONCOLOGY CENTER

COURSE FEE \$300 Includes everything mentioned above + breakfast & lunch!!

REGISTRATION Forms available by contacting:

Mary Cerulla 313.576.9624 or mcerulla@med.wayne.edu

PREPARATION PAYS OFF!

PROGRAM FACULTY

DIRECTOR

Jay Burmeister, Ph.D., DABR, FAAPM Chief of Physics, Karmanos Cancer Center Professor, Wayne State University School of Medicine

James Gordon, Ph.D., DABR

Director of Clinical Operations, Henry Ford Hospital

Cory Knill, M.S., DABR

Medical Physicist, Karmanos Cancer Center

Patrick McDermott, Ph.D., DABMP

Staff Physicist, William Beaumont Hospital

Adrian Nalichowski, M.S., DABR

Clinical Physics Coordinator, Karmanos Cancer Center

Brachytherapy Physics Program Leader, Karmanos Cancer Center Adjunct Instructor, Wayne State University School of Medicine

Joseph Rakowski, Ph.D., DABR

Senior Medical Physicist, Karmanos Cancer Center

SRS Program Leader/ Radiation Safety Officer, Karmanos Cancer Center Assistant Professor, Wayne State University School of Medicine

Michael Snyder, Ph.D., DABR

Assistant Professor, Wayne State University School of Medicine

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

ANNUAL ABR ORAL BOARD EXAM REVIEW

Friday, April 24, 2015

Name				
	First	Last	Suffix	
Address				
	Street	City, State	Zip	
Phone		Email Address		
Name <i>(as you wo</i>	ould like it to appear on badge	2)		
	C	OURSE FEE \$300		
	e fee of \$300 includes general o gistration deadline is Friday, A	exam review, practice exam sessions, bre pril 10, 2015.	eakfast and lunch.	
	P	AYMENT* METHOD		
	My check, made payable t	o FMRE**, is enclosed.		
	Please process the followi	ng credit card payment.		
	Type of Card	Number		
	Expiration	Security Code		
	Name (as it appears on ca	rd)		
	Billing Address (if different	t from above):		
	Address	City, State	Zip	
COMPLETED FOR	MS MAY BE:			
1) Mailed with payment/payment information to:		tion to: Wayne State Univ Division of Radiatio Medical Physics 4201 St. Antoine Detroit, MI ATTN: Mary	on Oncology Program e UHC 1D 48201	
2) Faxed with completed payment information to:		tion to: 313.576.9	313.576.9625	

* Please note that payment includes a \$100 non-refundable registration fee.

**Fund for Medical Research and Education

Upon receipt of this registration form and payment, a confirmation email will be sent.

Because space is limited, please do not make travel arrangements until we confirm that we have space for you. Questions may be directed to Mary Cerulla @ 313.576.9624.