



N M T C B

The Nuclear Medicine Technology Certification Board, Inc.

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"Certification of Nuclear Medicine Technology and Molecular Imaging by Nuclear Medicine Technologists"
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NMTCB CE CYCLE CHANGE REQUEST FORM

Complete, sign, and date this form to change your cycle from "odd-year" designation to "even-year" designation or from "even-year" designation to "odd-year" designation.

_____ **YES!** I request that my CE Cycle designation be changed.

- From ODD to EVEN cycle
- From EVEN to ODD cycle

PLEASE NOTE: During 2009, the NMTCB will transition from a CE cycle of January through December to one that will be based on each certificant's birth month. We have prepared a chart that describes how this will affect you. The transition chart is available for reference at www.NMTCB.org

Please refer to the Continuing Education policy (<http://www.nmtcb.org/CE.shtml>) for more information on the "Methods" and an updated list of NMTCB approved organizations that you may acquire CE hours through.

NAME: _____ Today's Date: _____

NMTCB Certificate Number: _____ YEAR of CERTIFICATION: _____

Date of Birth: _____ - _____ - _____ Phone Number: _____ - _____
(required) (month) (day) (year)

Email Address: _____ (for confirmation)

SIGNATURE: _____
(required)

PLEASE FAX TO 404-315-6502