

**Nuclear Medicine Technology Certification Board
Director Application**

1. Name _____

2. Office Address: _____ Home Address: _____

Office Phone: _____ Home Phone: _____

Fax: _____ E-Mail: _____

3. Please submit a current resume that is no longer than 2 pages and contains all formal education and a work history for the past five years.

4. Certifications:

NMTCB #	_____	Year Awarded: _____	Active: ___Yes ___No
NCT #	_____	Year Awarded: _____	Active: ___Yes ___No
PET #	_____	Year Awarded: _____	Active: ___Yes ___No
ASCP #	_____	Year Awarded: _____	Active ___Yes ___No
ARRT (N) #	_____	Year Awarded: _____	Active: ___Yes ___No
ABNM #	_____	Year Awarded: _____	Active: ___Yes ___No
ABR #	_____	Year Awarded: _____	Active: ___Yes ___No
ABP #	_____	Year Awarded: _____	Active: ___Yes ___No

Other (please specify):

_____ #	_____	Year Awarded: _____	Active: ___Yes ___No
_____ #	_____	Year Awarded: _____	Active: ___Yes ___No

5. Membership in the Society of Nuclear Medicine Technologist Section is mandatory for the Board of Directors'.

a) Are you currently a member of the Society of Nuclear Medicine Technologist Section? Yes ___ No ___

b) When did you become a member? _____ Membership # _____

c) Has your membership been current for the past five years? ___Yes ___No

6. Please list all SNM/Technologist Section Professional Activities (Chapter and National only):

Position(s) Held	Year
_____	_____
_____	_____
_____	_____

NMTCB Director Application
Page Two

7. Activities with other related organizations:

Organization and Position(s) Held	Year
_____	_____
_____	_____
_____	_____
_____	_____

8. Have you had any previous involvement in certification activities? If yes, please list:

9. Are you involved in any activities that could present a conflict of interest? If yes, please explain:

10. If a potential conflict exists and if elected, would you be willing to resign this other position: Yes/No, please explain:

(Please see the attached confidentiality and conflict of interest policy for more information)

11. Listed below are the committees of the Board. Please check those on which you would prefer to serve:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Finance | <input type="checkbox"/> Task Analysis |
| <input type="checkbox"/> Credentials | <input type="checkbox"/> Long Range Planning | <input type="checkbox"/> Specialty Exam |
| <input type="checkbox"/> Examination | <input type="checkbox"/> Publications | <input type="checkbox"/> Nominations |

12. The current content subgroups are listed below. Please check the content area(s) in which you have expertise and would feel comfortable writing items. If more than one, please rank numerically:

- | | |
|---|--|
| <input type="checkbox"/> Radiation Safety | <input type="checkbox"/> Clinical Procedures |
| <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Radiopharmacy |
| <input type="checkbox"/> Nuclear Cardiology | <input type="checkbox"/> PET |

13. All Board members must fulfill their assigned obligations and responsibilities if the NMTCB certification program is to continue at the high level of quality that exists today. Board members are expected to attend all Board meetings and carry out all assigned tasks on a timely basis. The term is for 4 years and a second consecutive term may be served if approved by the Board.

NMTCB Director Application
Page Three

The time commitment to the Board annually includes a total of eight days for the two Board meetings usually in spring and fall and an average of five hours monthly during the year. Officers and committee chairpersons require additional time commitments.

- a) Do you have an adequate amount of time for the Board? ___Yes ___No
- b) Are you involved in any activities that will present a time conflict? ___Yes ___No
- c) Does (or will) your employer support your involvement with the NMTCB Board? ___Yes ___No

14. Candidate's Statement:

In order to complete your application the Board requests that you submit a written statement, which includes the following:

- a) Your thoughts on future issues that may affect the Board and what if any future directions the Board should consider;
- b) What you would like to accomplish during your term on the Board; and
- c) What you feel your most significant contribution to the Board will be.

15. Please submit a letter of recommendation from someone who is active in the field of Nuclear Medicine (excluding current Board of Directors of NMTCB).

Please return this form to the address below:

NMTCB
Executive Director
3558 Habersham at Northlake, Bldg. I
Tucker, GA 30084
Phone: (404) 315-1739
Fax: (404) 315-6502