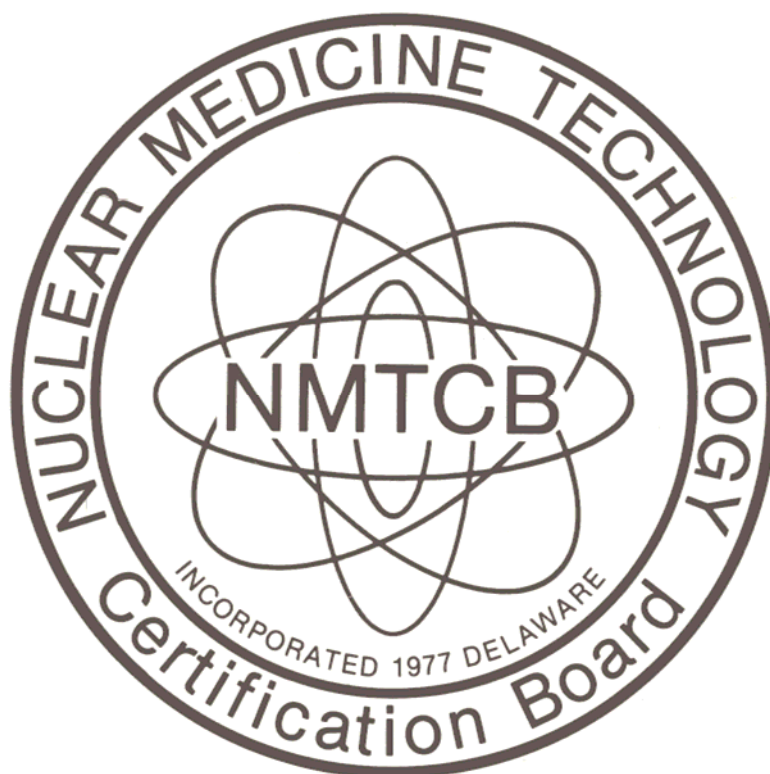


**THE NUCLEAR MEDICINE TECHNOLOGY
CERTIFICATION BOARD, INC.**

**NUCLEAR MEDICINE TECHNOLOGY
CERTIFICATION EXAMINATION**

Alternate Eligibility Application Form



**NMTCB
3558 HABERSHAM AT NORTHLAKE
BUILDING I
TUCKER, GA 30084
404-315-1739 / FAX: 404-315-6502
board@nmtcb.org
www.nmtcb.org**

Applicant Name: _____

Coursework Report Sheet:

This report sheet must be completed for proper submission of the 45 hours of coursework (or 45 Continuing Education Hours) needed for Alternate Eligibility applicants. Enclose documentation of each course. Please submit information specifically pertaining to the required three categories only: Instrumentation, Radiopharmacy, and Radiation Safety. A minimum of 15 hours in each of these three areas is required, for a total of 45. For a description of qualified coursework, see this link: www.nmtcb.org/exam/definitions.php

	Course Title	Documentation Enclosed	Date	Number of hours
Instrumentation	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
				Total: 15
Radiopharmacy	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
				Total: 15
Radiation Safety	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	_____	_____
				Total: 15

Use additional copies of this page if necessary.

Applicant Name: _____

Clinical Experience:

Please list clinical Nuclear Medicine Technology experience in descending order, beginning with current employer. A minimum of 8,000 hours within the past five (5) years is required. Please print clearly.

Institution/Company Name _____

Institution/Company Mailing Address _____

Name & Title of Supervisor _____ Department Telephone Number _____

Name of Supervising Physician _____ Board Certification _____

Director of Human Resources _____ Office Telephone Number _____

Dates Employed - From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

Indicate above employment status: Full-Time Part Time Other _____

Institution/Company Name _____

Institution/Company Mailing Address _____

Name & Title of Supervisor _____ Department Telephone Number _____

Name of Supervising Physician _____ Board Certification _____

Director of Human Resources _____ Office Telephone Number _____

Dates Employed - From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

Indicate above employment status: Full-Time Part Time Other _____

Institution/Company Name _____

Institution/Company Mailing Address _____

Name & Title of Supervisor _____ Department Telephone Number _____

Name of Supervising Physician _____ Board Certification _____

Director of Human Resources _____ Office Telephone Number _____

Dates Employed - From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

Indicate above employment status: Full-Time Part Time Other _____

Applicant Name: _____

Ethics Questions:

Have you ever:

- a. been charged with or convicted of a misdemeanor (other than a minor traffic offense) or felony or general court martial in military service, and/or are any such charges currently pending against you? ___Yes ___No
- b. had any professional license, registration, or certification application denied, or any issued license, registration, or certification revoked, suspended, placed on probation, or subject to any type of discipline by a regulatory authority or certification board? ___Yes ___No
- c. been found by any court or administrative body to have committed negligence (simple or willful), malpractice, recklessness, or engaged in misconduct in the practice of any profession? ___Yes ___No
- d. been terminated from an employment position involving the use of NMTCB credentials and where the conduct leading to such termination has involved: child or elder abuse, sexual abuse, substance abuse, job-related crimes, violent crimes against persons? ___Yes ___No

If you answered yes to any question above, you MUST attach an explanation and, if appropriate, a certified copy of the final decree.

Attestation and Statement of Applicant:

NMTCB reserves the right to require and the applicant agrees to undergo, at the applicant's expense, a national criminal background check through a source and under conditions determined by the NMTCB. NMTCB shall provide the applicant with a reasonable notice and period of time to complete this background check and the applicant agrees to cooperate in this regard. _____ **please initial**

I have read, am in compliance with, and agree to continue compliance with all of the NMTCB's rules and regulations, as may be revised from time to time by NMTCB, including, but not limited to, the NMTCB eligibility requirements, disciplinary and appeal procedures, certification, annual renewal, fees, ethics standards, and continuing education policy. _____ **please initial**

I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in denial of an application for certification or disciplinary action by the NMTCB. _____ **please initial**

I authorize the NMTCB to confirm the information contained in this application and allow the NMTCB to request information related to my education, employment, relevant personal history, and professional license, registration, or certification. _____ **please initial**

I hereby make application to the Nuclear Medicine Technology Certification Board, Inc. (NMTCB) for examination and certification in accordance with and subject to NMTCB rules and regulations adopted from time to time. I understand and agree to be bound by all rules and regulations adopted by the NMTCB.

I have enclosed the nonrefundable fee of \$175.00 by check, money order or credit card payable to the NMTCB. I understand that any request to withdraw my application will be subject to the approval of the NMTCB. I also understand that if I fail to keep an appointment to sit for the examination, without approval from the NMTCB, I will be required to resubmit the entire application and applicable fee at the time of reapplication.

I hereby submit this application and supporting documents and attest to the authenticity and accuracy of the application and all information contained herein. I also understand that, in the event that any information contained in this application or supporting documents submitted on my behalf, is determined by the NMTCB to be false or misleading, this application may be denied, entrance to the examination may be refused, examination score withheld or invalidated, and any other remedy available to the NMTCB, including adverse action against any already issued NMTCB certification. NMTCB also reserves the right in its sole discretion to turn such information over to state or federal administrative or criminal authorities.

I agree to abide by all NMTCB policies and procedures related to the application and certification process. I hereby recognize the NMTCB owned intellectual property rights including the examination and its processes and agree to maintain the confidentiality of these copyrighted materials. I further understand that giving aid to or receiving aid from any third parties in taking this examination or advising any third parties of any of the questions or answers orally, in writing or through any media before, during or after the examination or other misuse of the NMTCB materials protected under intellectual property laws will be sufficient cause for the NMTCB to deny my application, withhold or invalidate my examination score, disqualify me from reexamination, impose an adverse action against an already issued NMTCB certificate, and any other remedy available to the NMTCB, including civil and criminal remedies under applicable laws.

I declare that I have examined this application and, that to the best of my knowledge and belief, the statements contained herein are true, correct and complete. I authorize representatives of the NMTCB to verify the accuracy of any information contained in this application from any persons having knowledge of such information. It is my intent that this acknowledgment and authorization act as a release to all entities, including educational institutions, professional organizations, and/or employers, regarding the disclosure directly to NMTCB of all relevant information for purposes of processing my application.

I understand that the application, all information contained therein and any supporting documents submitted on behalf of the applicant are the property of the NMTCB and may be used for any purpose within the mission of the NMTCB.

I agree and promise to hold the NMTCB and its members, agents, officers and committee members harmless from any damages or loss, monetary or otherwise, incurred by reason of any action taken by NMTCB in this application process including, but not limited to, the refusal to issue or recognize an examination score, refusal to issue NMTCB certification, or removal of NMTCB certification.

I certify that I am the candidate whose signature appears below and agree to supply any other documentation designed to ensure my identification and maintain the integrity of the application NMTCB process.

Signed

Date

Be advised that your signature on this document constitutes your agreement with the statements in this application

Payment:

- I have enclosed a check or money order for \$175.00
- Please charge my MasterCard or Visa \$175.00

Credit Card Info (Visa or MasterCard only):

Card Number _____ Expiration Date _____

Name as it appears on card _____ 3-digit verification # _____
from back of credit card

**Mail this application to
NMTCB • 3558 Habersham at Northlake • Building I • Tucker, GA • 30084**

Checklist:

Did you...

- Complete all sections
- Attach documents pertaining to ethics questions (if applicable)
- Initial and sign the attestation and statement of applicant
- Enclose your payment for \$175
- Enclose originals or "NOTARIZED" photocopies of education and didactic coursework

FOR OFFICE USE ONLY

File Number _____ Acknowledgement mailed _____

Amount Paid _____ Check/MO/CC _____

Eligibility Letter mailed _____ Verified _____