

The Nuclear Medicine Technology Certification Board

3558 Habersham @ Northlake, Building I • Tucker, GA 30084 • Telephone 404-315-1739 • Fax 404-315-6502 "Certification of Nuclear Medicine Technologists by Nuclear Medicine Technologists" board@nmtcb.org • www.nmtcb.org

ETHICS QUESTIONS (RESPOND TO ALL QUESTIONS)

SIII	ice January 1, 2007 have you:
a)	been charged with or convicted of a misdemeanor (other than a minor traffic offense) or felony or general court ma
	in military service, and/or are any such charges currently pending against you?
	Yes
b)	Had any professional license, registration, or certification application denied, or any issued license, registration, or
U)	
	certification revoked, suspended, placed on probation, or subject to any type of discipline by a regulatory authority
	certification board?
	□ Yes □ No
c)	Been found by any court or administrative body, including but not limited to employers, to have committed
	negligence (simple or willful), malpractice, recklessness, or engaged in misconduct in the practice of any
	profession?
	•
•	☐ Yes ☐ No
1)	Been terminated from an employment position involving the use of NMTCB credentials and where the conduct lea
	to such termination has involved: child or elder abuse, sexual abuse, substance abuse, job-related crimes, violent
	crimes against persons?
	□ Yes □ No
/ou	ı answered yes to any question above, you MUST attach an explanation and if appropriate, a certified copy of the final d
A	ttestation and Statement of Certificant:
	the NMTCB reserves the right to require and the certificant agrees to undergo, at the certificant's expense, a national criminal background
	neck through a source and under conditions determined by the NMTCB. The NMTCB shall provide the certificant with a reasonable
	otice and period of time to complete this background check and the certificant agrees to cooperate in this regard.
	have read, am in compliance with, and agree to continue compliance with all of the NMTCB's rules and regulations, as may be revised
	om time to time by the NMTCB, including, but not limited to, the NMTCB eligibility requirements, disciplinary and appeals procedures,
	ertification, annual renewal, fees, ethics standards, and continuing education policy.
	understand that any intentional or unintentional failure to provide true and complete responses to this renewal form may result in denial
	certification renewal or disciplinary action by the NMTCB. I authorize the NMTCB to confirm the information contained in this
	newal form and allow the NMTCB to request information related to my education, employment, relevant personal history, and
	rofessional license, registration, or certification.
	hereby make application to the Nuclear Medicine Technology Certification Board, Inc. (NMTCB) for renewal of certification in
ac	coordance with and subject to the NMTCB rules and regulations adopted from time to time. I understand and agree to be bound by all
ru	ales and regulations adopted by the NMTCB. I hereby submit this renewal form and attest to the authenticity and accuracy of the
	oplication and all information contained herein. I also understand that, in the event that any information contained in this renewal
ap	oplication or supporting documents submitted on my behalf, is determined by the NMTCB to be false or misleading, this renewal
ap	oplication may be denied, certification may be removed, and any other remedy available to the NMTCB, including adverse action against
an	ny already issued NMTCB certification.
	the NMTCB also reserves the right in its sole discretion to turn such information over to state or federal administrative or criminal
	thorities. I agree to abide by all NMTCB policies and procedures related to the renewal application and certification process. I declare
	at I have examined this renewal form and, that to the best of my knowledge and belief, the statements contained herein are true, correct
	nd complete. I authorize representatives of the NMTCB to verify the accuracy of any information contained in this renewal form from
	by persons having knowledge of such information. It is my intent that this acknowledgment and authorization act as a release to all
	ntities, including educational institutions, professional organizations, and/or employers, regarding the disclosure directly to the NMTCB
	Fall relevant information for purposes of processing my renewal form.
	understand that the renewal form, all information contained therein and any supporting documents submitted on behalf of the
	ertificant are the property of the NMTCB and may be used for any purpose within the mission of the NMTCB. I agree and promise to
	old the NMTCB and its members, agents, officers and committee members harmless from any damages or loss, monetary or otherwise,
	curred by reason of any action taken by the NMTCB in this renewal process, including, but not limited to, the refusal to renew NMTCB
	ertification, or removal of NMTCB certification.
$I \alpha$	certify that I am the certificant whose signature appears below and agree to supply any other documentation designed to
en	nsure my identification and maintain the integrity of the NMTCB certification renewal process.
C.	
31	igned: Certificate Number: Date:
	NOTE: Be advised that your signature on this document constitutes your agreements with the
	statements in this renewal form.