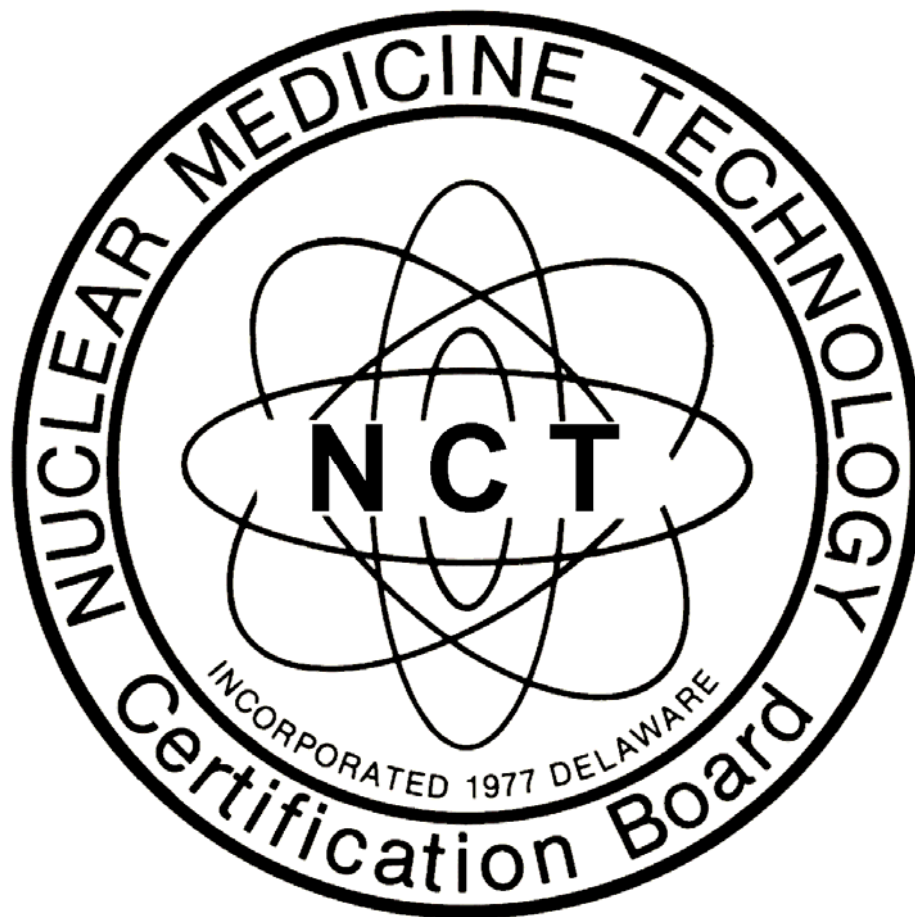


**THE NUCLEAR MEDICINE TECHNOLOGY  
CERTIFICATION BOARD, INC.**

**NUCLEAR CARDIOLOGY TECHNOLOGY  
SPECIALTY EXAMINATION**



**NMTCB**  
**3558 HABERSHAM @ NORTHLAKE, BLDG. I**  
**TUCKER, GA 30038**  
**404-315-1739 / FAX: 404-315-6502**  
board@nmtcb.org  
[www.nmtcb.org](http://www.nmtcb.org)

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# Nuclear Medicine Technology Certification Board

## Application for Nuclear Cardiology Specialty Examination

- Instructions:**
1. Read the instructions first.
  2. Print or type all responses, except where signature or initials
  3. Enclose official transcripts or appropriate documents as requested.
- Complete the credit card information or enclose a check or money order in the amount of \$225.00 payable to the NMTCB.
- Exam Date:** **The Nuclear Cardiology Specialty Examination is available “on demand” and can be taken anytime throughout the year.**
- Testing Locations:** The Cardiology specialty exam will be administered nationally by IQT, Inc. More information regarding testing centers will be emailed to you.

### Name and Address Information:

24 VOICE credits awarded to SNM members upon passing the NCT exam.  
SNM Member number \_\_\_\_\_

I am applying for the NMTCB Nuclear Cardiology Examination

Name:  Mr.  Ms.  Dr. \_\_\_\_\_  
First Middle Initial Last  
(My name will appear on my certificate exactly as it appears above)

Address: \_\_\_\_\_  
Street Address Apt. # City State Zip

Telephone (Home) \_\_\_\_\_ / \_\_\_\_\_ (Work) \_\_\_\_\_ / \_\_\_\_\_  
Area Code Area Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address \_\_\_\_\_

1. Are you interested in receiving mail from professional organizations? Yes  No
  2. Are you interested in receiving mail from commercial organizations? Yes  No
- (blank responses will be interpreted as “yes”)

### Nuclear Medicine Certification:

Please check the appropriate box below and fill in your certificate number.

- NMTCB Certificate Number \_\_\_\_\_  
NMTCB membership must be currently *Active*.
- ARRT(N) Certificate Number \_\_\_\_\_  
Please enclose a copy of your ARRT certificate **and** a copy of your current ARRT membership card.
- CAMRT nuclear medicine Certificate Number \_\_\_\_\_  
Please enclose a copy of your CAMRT certificate **and** a copy of your current CAMRT membership card.

**Clinical Experience:**

List your clinical Nuclear Medicine Technology experience in descending order, beginning with most current employer. In order to be considered eligible, you are required to have obtained:

- a minimum of two years full-time (4,000 hours) clinical experience as a certified/registered nuclear medicine technologist; OR
- a minimum 700 hours of documented clinical experience performing all aspects of nuclear cardiology imaging including radiopharmaceutical handling, injection (if permitted by state and/or institutional regulations) and imaging. Supervision must be performed by a board certified nuclear cardiologist, nuclear medicine physician or radiologist AND direct supervision must be performed by a certified NMTCB, ARRT(N) or CAMRT nuclear medicine technologist respectively.

**Please print clearly.**

Institution/Company Name \_\_\_\_\_

Institution/Company Mailing Address \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_ Department Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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Name & Title of Supervisor \_\_\_\_\_ Department Telephone Number \_\_\_\_\_

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  \_\_\_\_\_

## 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:

I understand that the NMTCB reserves the right to require a national criminal background check, at my expense, through a source and under conditions determined by the NMTCB. The NMTCB shall provide me with a reasonable notice and period of time to complete this background check. I hereby grant the NMTCB to perform a national criminal background check should they deem it appropriate. \_\_\_\_\_ **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 the 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 my 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 in the specialty of Cardiology 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 \$225.00 by credit card, check or money order payable to the NMTCB. I understand that the application fee is nonrefundable and that, once my application is approved, I am required to make an appointment and appear for the examination within six calendar months of the date that appears on the eligibility approval letter. I also understand that if I fail to make an appointment during the eligibility period, I may extend the eligibility period by an additional six calendar months one time for a fee of \$50.00 USD.

I understand that I must contact the NMTCB office immediately if circumstances make it impossible for me to appear on the date scheduled. I also understand that candidates who fail to appear on the date scheduled or fail to change their scheduled appointment more than 96 hours in advance, may reschedule within the same eligibility period for a fee of \$100.00 USD and candidates who fail to appear on the date scheduled and wish to extend the eligibility period by an additional six calendar months one time may do so for a fee of \$150.00 USD.

I understand that if I fail to sit for the exam within one calendar year of eligibility approval, I will be required submit the full application fee in order to reactivate the application and be considered eligible.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 \$225.00
- Please charge my MasterCard or Visa \$225.00

Credit Card Info (Visa or MasterCard only):

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name \_\_\_\_\_ 3-digit verification # \_\_\_\_\_  
(as it appears on card) (from back of credit card)

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

**FOR OFFICE USE ONLY**

File Number \_\_\_\_\_

Amount Paid \_\_\_\_\_

Acknowledgement mailed \_\_\_\_\_

Eligibility letter emailed \_\_\_\_\_

Check/MO/CC \_\_\_\_\_

Verified \_\_\_\_\_