The Applicant named above has applied for admission to the Nuclear Medicine Technology Certification Board’s PET Examination. As part of the NMTCB’s pre-examination qualifying procedure, we require written confirmation of the candidate’s clinical history in PET. You can assist us in this process by completing and returning this form to us as soon as possible.

The Applicant has signed a release authorizing the NMTCB to confirm the information contained in his/her application and has authorized the NMTCB to request information related to their education, employment, relevant personal history, and professional license, registration, and certification.

Please complete the following questions:

1. Did the applicant complete a minimum of 1,000 total clinical hours in PET, PET/CT, and/or PET/MR at your institution?
   - YES____ or NO _____, the applicant completed _______ clinical hours, during the time period of ___/___/___ to ___/___/___);

2. Has the applicant’s clinical hours and competencies been obtained within the past five (5) years? YES_____ or NO _____

3. What type of scanner were the applicant’s clinical hours performed on at your institution? (please select one)
   - ☐ PET/CT    ☐ PET/MR    ☐ PET    ☐ A combination of multiple scanners

4. Complete the PET Clinical Hours and Competencies Verification (Excel Document) and include the totals below:
   a) Any PET imaging performed: _______ (Minimum of 50 Required)
   b) Daily QC performed: _______ (Minimum of 10 Required)
   c) Dose Calibrator QC performed: _______ (Minimum of 10 Required)
   d) Daily Survey & Survey Meter QC: _______ (Minimum of 10 Required)
   e) Package Receipt, Disposal, & Return: _______ (Minimum of 10 Required)
   f) Radiopharmaceutical Preparation, includes dose calculation & dose assay: _______ (Minimum of 10 Required)
**Positron Emission Tomography (PET) Clinical Competency Verification Form**

**Competency Requirements:**

Applicants must document a minimum of 100 prescribed competencies as follows: 50 in any PET imaging; 10 Daily Scanner Quality Control; 10 Dose Calibrator Quality Control; 10 Daily Survey & Survey Meter Quality Control; 10 package receipt, disposal, and return; 10 radiopharmaceutical preparation, including dose calculation and dose assay. **No more than one (1) competency may be documented per day per category.** Supervision must be performed by a nuclear medicine physician or radiologist (must be authorized user on the radioactive material license for diagnostic radiopharmaceuticals) and direct supervision must be performed by a certified NMTCB, ARRT(N), or CAMRT(RTNM) nuclear medicine technologist.

In order for a procedure to qualify, they must be performed independently from the start to finish. Each procedure should include patient assessment and preparation, radiopharmaceutical handling (if permitted by state and/or institutional regulations), injection (if permitted by state and/or institutional regulations), patient positioning, protocol and parameter selection, post-processing and Quality Control.

**Instructions:**

Complete NMTCB PET Procedure Verification Excel Form – First Excel Tab and then include the competency totals on page 1 of this form.

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**Authorized Representative Attestation**

The applicant’s Supervising Physician (nuclear medicine physician or radiologist that is an authorized user listed on a radioactive material license) and Technical Supervisor whom is a Certified Nuclear Medicine Technologist either CNMT, ARRT (N), or CAMRT (RTNM) credentialed employee of the facility.

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**Supervising Physician #1**

I attest that the information contained herein is true and accurate. I am an authorized representative and may sign this verification submission on behalf of the following institution:

(Name of Institution/Facility)

<table>
<thead>
<tr>
<th>Signature of Authorized Representative</th>
<th>Date Signed</th>
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<tbody>
<tr>
<td>Printed Name of Authorized Representative</td>
<td>Telephone</td>
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<tr>
<td>Title</td>
<td>Email</td>
</tr>
</tbody>
</table>

**Supervising Physician #2 (if applicable)**

I attest that the information contained herein is true and accurate. I am an authorized representative and may sign this verification submission on behalf of the following institution:

(Name of Institution/Facility)

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<tr>
<td>Title</td>
<td>Email</td>
</tr>
</tbody>
</table>
Supervising Technologist #1
I attest that the information contained herein is true and accurate. I am an authorized representative and may sign this verification submission on behalf of the following institution:

(Name of Institution/Facility)

__________________________________________________________________________
Signature of Authorized Representative Date Signed

__________________________________________________________________________
Printed Name of Authorized Representative Telephone

__________________________________________________________________________
Title Email

Supervising Technologist #2 (if applicable)
I attest that the information contained herein is true and accurate. I am an authorized representative and may sign this verification submission on behalf of the following institution:

(Name of Institution/Facility)

__________________________________________________________________________
Signature of Authorized Representative Date Signed

__________________________________________________________________________
Printed Name of Authorized Representative Telephone

__________________________________________________________________________
Title Email

Return completed form to NMTCB by mail, fax, or email:
NMTCB – Examinations Manager
3558 Habersham at Northlake, Building I
Tucker, GA 30084
Fax: (404) 315-6502 Email: exam.manager@nmtcb.org

Please confirm all three (3) pages and your excel document are included in your transmission.