



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)

Since January 1, 2009 have you:

- a) Been charged with or convicted of any criminal charge, misdemeanor (other than a minor traffic offense) or felony, and/or are any such charges currently pending against you?
 Yes No
- b) Had any professional license or state 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, 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
- 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 Certificant:

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

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 appeals procedures, certification, annual renewal, fees, ethics standards, and continuing education policy.

I understand that any intentional or unintentional failure to provide true and complete responses to this renewal form may result in denial of certification renewal or disciplinary action by the NMTCB. I authorize the NMTCB to confirm the information contained in this renewal form and allow the NMTCB to request information related to my education, employment, relevant personal history, and professional license, registration, or certification.

I hereby make application to the Nuclear Medicine Technology Certification Board, Inc. (NMTCB) for renewal of certification in accordance with and subject to the 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 hereby submit this renewal form 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 renewal application or supporting documents submitted on my behalf, is determined by the NMTCB to be false or misleading, this renewal application may be denied, certification may be removed, and any other remedy available to the NMTCB, including adverse action against any 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 authorities. I agree to abide by all NMTCB policies and procedures related to the renewal application and certification process. I declare that I have examined this renewal form 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 renewal form 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 the NMTCB of all relevant information for purposes of processing my renewal form.

I understand that the renewal form, all information contained therein and any supporting documents submitted on behalf of the certificant 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 the NMTCB in this renewal process, including, but not limited to, the refusal to renew NMTCB certification, or removal of NMTCB certification.

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

Signed: _____ **Certificate Number:** _____ **Date:** _____

NOTE: Be advised that your signature on this document constitutes your agreements with the statements in this renewal form.