



Nuclear Medicine Technology Certification Board

Application for NMTCB(RS) Recertification

Current NMTCB(RS) certificants have the option to recertify for another 10 years with recertification application and payment if **a)** applicant can show evidence that they were listed on a RAM license any time within the past 7 years, (produce a copy of the license showing that their name is on it); **b)** if the applicant is not listed on a RAM license, but has performed radiation safety duties anytime within the past 7 years under direction of an RSO they can complete and submit a NMTCB(RS) Radiation Safety Tasks Recertification Attestation Form. A candidate that does not qualify for options a or b or has let their credential expire may only recertify by passing the examination. A separate exam application is available at www.NMTCB.org.

Recertification applicants must submit: completed application, a **\$100** payment, copy of RAM license (showing applicant is listed as RSO or Associate RSO) **OR** the Radiation Safety Tasks Recertification Attestation Form. Once an applicant is determined eligible, their credential will be valid for 10 years from the date of approval. Annual renewals are required to maintain an active credential.

- Instructions:**
1. Print or type all responses, except where signature or initials are required.
 2. Enclose RAM license **OR** RS Tasks Recertification Attestation Form
 3. Enclose payment of **\$100** payable by credit card, check, or enclose money order to NMTCB at least one (1) week prior to the credential expiration date.

Name and Address Information:

NMTCB Certification Number:

I am applying NMTCB(RS) Recertification:

Name: Mr. Ms. Mrs. Dr. _____
First Middle Initial Last

Address: _____
Street Address Apt. # City State Zip

Cell _____ / _____ Home _____ / _____
Area Code

Last 4 of Social Security Number: _____ Date of Birth: _____

E-mail address _____ @ _____

Please print clearly and provide a valid email address you check often.

1. Are you interested in receiving mail from professional organizations? Yes No (blank responses will be interpreted as "yes")
2. Are you interested in receiving mail from commercial organizations? Yes No
3. Are you interested in having your phone number included in the NMTCB member directory available to NMTCB certificants? Yes No

Ethics Questions:

All candidates for NMTCB examinations must adhere to NMTCB Ethics and Disciplinary Policies and complete these ethics questions.

Have you ever:

- a. Been charged with, convicted of, or pleaded guilty or nolo contendere to any criminal charge, misdemeanor (other than a minor traffic offense) or felony, and/or are any such charges currently pending against you in any court of law? (This includes any civil, criminal, or military court.) ___ **Yes** ___ **No**
- b. Had any professional or state license, registration, or certification application denied, or any issued license, registration, or certification revoked, suspended, placed on probation, or subject to any type of investigation or discipline by a regulatory authority, government agency, certification board in any jurisdiction for any reason? ___ **Yes** ___ **No**
- c. Been found by any court, administrative body, licensing board, including but not limited to employers or any entity of the armed forces, to have committed negligence (simple or willful), malpractice, recklessness, or engaged in misconduct in the practice of any profession? ___ **Yes** ___ **No**
- d. Been terminated or resigned to avoid being terminated from any employment position where the conduct leading to such termination/resignation has involved: child or elder abuse, sexual abuse, substance abuse, job-related crimes, violation of professional practice standards or employer policies, disciplinary or misconduct reasons, or 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. _____ **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. _____ **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. _____ **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. _____ **initial**

I hereby make application to the Nuclear Medicine Technology Certification Board, Inc. (NMTCB) for the NMTCB(RS) recertification pathway 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 \$100.00 USD by credit card, check or money order payable to the NMTCB. I understand that the application fee is nonrefundable.

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 understand and agree that, if I am found to be in violation of NMTCB application policies, examination rules, or ethical standards, NMTCB reserves the right to report such findings to state licensing agencies, other certification or credentialing boards, educational institutions, or other relevant entities.

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

Recertification Application Payment

- I have enclosed a check or money order for \$100.00
- Please charge my MasterCard, Visa or Discover \$100.00

Credit Card Info (Visa, MasterCard or Discover 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

Or Fax to: 404-315-6502

Or Email to: recertifications@nmtcb.org

Checklist

Did you...

- Complete all sections of this application
- Include documentation of RAM license with name listed **OR** RS Recertification Attestation Form
- Enclose your payment for \$100.00