



The Nuclear Medicine Technology Certification Board

Section I. Applicant Information *(To be completed by applicant)*

Applicant Name: _____

NMTCB Certification Number: _____

Other Organization(s) Certification Number: _____

Mailing Address: _____

Primary Phone: _____

Primary E-mail: _____

Section II. Authorized Representative Review and Verification

The **Applicant** named above has applied to the Nuclear Medicine Technology Certification Board for recertification of the NMTCB(RS) credential. As part of the NMTCB's qualifying procedure for recertification, the candidate can either show evidence that they were listed on a RAM license any time with the past seven years **OR** by providing this completed attestation form documenting they have performed radiation safety duties any time within the past seven (7) years under direction of an RSO.

Instructions: Below are examples of tasks related to radiation safety that may be considered as suitable for an applicant's documented experience. Please mark all that apply to the Applicant that have been performed at any time within the last seven (7) years.

- Management of the radiation safety program for your facility.
- Maintenance and audit of radiation safety records, including those associated with the shipping, receiving, administration, and disposal of radioactive materials (RAM).
- Assist or perform the maintenance, renewal, and or amendments of the RAM license for the facility.
- Management of the personnel exposure monitoring including dosimeter badge ordering, reviewing prior exposure history, declared pregnant radiation workers, and/or reviewing dosimeter reports.
- Management of radiation safety action levels for continued appropriateness to ensure compliance of personnel exposure investigation levels (ALARA I or II), area surveys dose rate and contamination levels, bioassays, and or radioactive effluent concentrations.
- Management of Form 5 dosimetry annual and/or termination reporting.
- Participation with your facilities Radiation Safety Committee.
- Management and review of minor and major spills. Providing and/or managing the radiation safety training of nurses and/or other non-radiation workers.
- Performing and/or managing the radioactive inventory and leak testing of sealed sources.
- Performance or managing the testing of ancillary equipment such as the dose calibrator including linearity, accuracy, and/or geometrical variation.
- Providing or managing training for fluoroscopy or MR safety.
- Maintain records for radionuclide therapy administration.

TASKS CONTINUED ON PAGE 2

Applicant Name: _____

- Participate in patient room preparation and monitoring after radionuclide therapy administration.
- Participate in providing education to patients or staff for radionuclide therapy
- Using and performing checks for proper operation of instruments used to determine the dose activity, survey meters, and instruments used to measure radionuclides.
- Participate and or review 5 gauss line on new MRI installations
- Perform MR safety screening for patients or staff
- Assist in management of MR safety training for staff
- Participate with identifying MR safe, conditional, and not safe materials
- Participate and or review structural shielding testing for new x-ray, fluoroscopic, CT, and or PET rooms.
- Participate in CT protocol review within your facility.
- Manage and or investigate CT exams that exceed the established radiation dose alert levels.
- Manage and or investigate fluoroscopy procedures that exceed the established radiation dose alert levels.
- Investigate, document, and report medical events.
- Investigate fluoroscopy interventions that meet sentinel event criteria.
- Assist with the management and disposal of radioactive waste.
- Other: _____

Authorized Representative Attestation: Applicant’s Supervisor or Radiation Safety Officer.

Attestation Representative

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:** recertifications@nmtcb.org

Please confirm both pages are included in your transmission.