

Nuclear Medicine Technology Certification Board Director Application



Name:

Work Address:

Home Address:

- Please submit a current resume that contains all formal education and a work history for the past five years. Maximum length should be two pages.
- Please list all relevant certifications received, the year they were awarded, and whether or not they are currently active.

Membership in the Society of Nuclear Medicine and Molecular Imaging Technologist Section is mandatory for NMTCB Directors.

a. Are you currently a member of the SNMMITS? ___ Yes ___ No

b. When did you become a member? _____ What is your membership number _____

Please list all SNMMITS professional activities (regional and national):

Please list activities with other professional organizations:

Have you had any previous involvement in certification activities?

If yes, please list:

Are you involved in any activities that could present a conflict of interest?

If yes, please list:

If a potential conflict exists and if elected, would you be willing to resign this other position?

Please explain:

Listed below are the committees of the Board. Please check those on which you would prefer to serve:

- | | | | |
|------------------------------------------------|-------------------------------------|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Bylaws | <input type="checkbox"/> Examination | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Credentials | <input type="checkbox"/> Finance | <input type="checkbox"/> Specialty Exams | <input type="checkbox"/> Disciplinary |
| <input type="checkbox"/> Task Analysis | <input type="checkbox"/> Nominating | <input type="checkbox"/> Educator Outreach | <input type="checkbox"/> Long Range Planning |
| <input type="checkbox"/> Radiation Safety Exam | | <input type="checkbox"/> Computed Tomography Exam | |

The current content subgroups are listed below. Please check the content area(s) in which you have expertise and would feel comfortable writing items. If more than one, please rank them numerically:

Radiation Safety
 Radiopharmacy
 PET

Clinical Procedures
 Nuclear Cardiology
 CT

Instrumentation

All Board members must fulfill their assigned obligations and responsibilities if the NMTCB certification programs are to continue at the high level of quality that exists today. Board members are expected to attend all Board meetings and carry out all assigned tasks on a timely basis. The term is for 4 years and a second consecutive term may be served if approved by the Board. The time commitment to the Board includes 2 three-day board meetings, one in the spring and one in the fall, plus an average of approximately five hours per month. Officers and chairpersons may require an additional time commitment.

- a. **Do you have an adequate amount of time for the Board?** Yes No
b. **Are you involved in any activities that may present a conflict?** Yes No
c. **Will your employer support your involvement with the NMTCB?** Yes No

Candidate Statement

In order to complete your application the Board requests that you submit a written statement, which includes the following:

- a. Your thoughts on future issues that may affect the Board and what, if any, future directions the Board should consider.
- b. What you would like to accomplish during your term on the Board.
- c. What you feel your most significant contribution to the Board will be.

Letter of Recommendation

Please submit a letter of recommendation from someone who is active in the field of nuclear medicine (excluding current members of the NMTCB Board of Directors).

Please return this form to:

NMTCB Executive Director
3558 Habersham at Northlake, Building I
Tucker, GA 30084
Phone: (404) 315 - 1739
Fax: (404) 315 - 6502