



**Nuclear Medicine Technology Certification Board**  
**Application for Examination & Certification**  
**Program Graduate Application**

NMTCB  
3558 Habersham at Northlake  
Building I  
Tucker, GA 30084  
404-315-1739 / FAX: 404-315-6502  
board@nmtcb.org

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- Instructions:**
1. Read the instructions first.
  2. Print or type all responses, except where signature or initials are required.
  3. Enclose a check or money order in the amount of \$175.00 payable to the NMTCB and submit at least two (2) months prior to your preferred examination date.

**Name and Address Information: [This is required]**

I am applying for the NMTCB Certification Examination

Name:  Mr.  Ms.  Dr. \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street Address Apt. # City State Zip

Telephone (Day) \_\_\_\_\_ / \_\_\_\_\_ (Evening) \_\_\_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

*Please provide a valid email address you check often. This is where you will receive your examination scheduling information so please print clearly.*

1. Are you interested in receiving mail from professional organizations? Yes  No
2. Are you interested in receiving mail from commercial organizations? Yes  No
3. The NMTCB member directory is available on our website to certified individuals. Upon certification, will you want your home phone number to be included? Yes  No  *blank responses will be interpreted as "yes"*

**Nuclear Medicine Program Information:**

I attend(ed) the following NMTCB approved NMT school: \_\_\_\_\_

Please enter the school code from the list on Page 20 in the Application Instruction Booklet \_\_\_\_\_

I completed ( ) or will complete ( ) the program on: \_\_\_\_\_  
Month Day Year

*I attest that I will have successfully completed all components of my program by this date Initial \_\_\_\_\_*

For this program, did you obtain a: ( ) Certificate, ( ) Associate Degree, ( ) Bachelor's Degree.

Besides the certificate or degree you received/will receive from Nuclear Medicine Technology, do you hold another degree? \_\_\_\_\_ IF so, what is that degree? \_\_\_\_\_

## Ethics Questions:

Have you ever:

- a. been charged with or convicted of a misdemeanor (other than a minor traffic offense) or felony or general court martial in military service, and/or are any such charges currently pending against you? \_\_\_Yes \_\_\_No
- b. had any professional license, 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 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 Applicant:

NMTCB reserves the right to require and the applicant agrees to undergo, at the applicant's expense, a national criminal background check through a source and under conditions determined by the NMTCB. NMTCB shall provide the applicant with a reasonable notice and period of time to complete this background check and the applicant agrees to cooperate in this regard. \_\_\_\_\_**please 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 NMTCB, including, but not limited to, the NMTCB eligibility requirements, disciplinary and appeal procedures, certification, annual renewal, fees, ethics standards, and continuing education policy. \_\_\_\_\_**please initial**

I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in denial of an application for certification or disciplinary action by the NMTCB. \_\_\_\_\_**please 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. \_\_\_\_\_**please initial**

I hereby make application to the Nuclear Medicine Technology Certification Board, Inc. (NMTCB) for examination and certification 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 am enclosing the nonrefundable fee of \$175.00 by electronic check or credit card payable to the NMTCB. I understand that any request to withdraw my application will be subject to the approval of the NMTCB. I also understand that if I fail to keep an appointment to sit for the examination, without approval from the NMTCB, I will be required to resubmit the entire application and applicable fee at the time of reapplication. 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.

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 acknowledge that the NMTCB will not release my score results or examination status to the general public. In an effort to assist program directors and medical directors to better evaluate the effectiveness of nuclear medicine technology programs, by signing below, I acknowledge that my examination results will be sent to such program officials. The NMTCB will verify, upon request from employer and state licensing agencies, whether or not an individual has an active certificate.

**Applicant Name:** \_\_\_\_\_

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 understands 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.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Be advised that your signature on this document constitutes your agreement with the statements in this application

### **Payment:**

- I have enclosed a check or money order for \$175.00
- Please charge my MasterCard, Visa or Discover \$175.00

Credit Card Info (Visa, MasterCard or Discover only):

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ 3-digit verification # \_\_\_\_\_  
from back of credit card

**Mail this application to  
NMTCB • 3558 Habersham at Northlake • Building I • Tucker, GA • 30084**

### **Checklist:**

Did you...

- Complete all sections
- Attach documents pertaining to ethics questions (if applicable)
- Initial and sign the attestation and statement of applicant
- Enclose your payment for \$175.00