Nuclear Medicine Technology Certification Board
Recertification Application for NCT Specialty Examination

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

Instructions:
1. Read all 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 $225.00 payable to the NMTCB or include credit card payment information below.

Name and Address Information:

I am applying for the NMTCB Nuclear Cardiology Examination

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

Address: _____
Street Address Apt. # City State Zip

Telephone (Primary) _____/_____ Home Cell Work **(circle one)**
Area Code

Social Security Number: _____-_____-_____ Date of Birth: _____/_____/_____

Email Address: _____@_____
Please provide a valid personal email address. Please print clearly. This is where you will receive your examination scheduling information.

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 phone number to be included? Yes ☐ No ☐ *blank responses will be interpreted as "yes"*

Nuclear Medicine Certification:

Please check the appropriate box below and fill in your certificate number. Only one of the certifications below are needed. Credential must be in active status.

☐ NMTCB Certificate Number _____

☐ ARRT(N) Certificate Number _____

☐ CAMRT nuclear medicine Certificate Number _____

Ethics Questions:

Have you ever:

a. aBeen 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. **_____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 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. **_____please 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. **_____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 in the specialty of NCT 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 $225.00 USD by credit card, check or money order payable to the NMTCB. I understand that the application fee is nonrefundable and that, once my application is approved, I am required to make an appointment to appear for the examination **within 6 calendar months** of the date that appears on my eligibility approval letter. I also understand that if I fail to make an appointment during the eligibility period, I may extend the eligibility period by an additional six calendar months one time for a fee of $100.00 USD.

I understand that I must follow the instructions outlined in the candidate admission letter sent by IQT Prometric if circumstances make it impossible for me to appear on the date scheduled. I also understand that if I fail to appear on the date scheduled or fail to change my scheduled appointment prior to five (5) calendar days before the scheduled exam and do not show for the exam, I forfeit the entire application fee and would be required to meet exam eligibility and submit the application fee again to reactivate my application.

I understand that if I fail to sit for the exam within one calendar year of eligibility approval, I will be required submit the full application fee in order to reactivate the application and be considered eligible. I also understand that my original application is retained on file for three years. After the three years has expired, if I want to resubmit an application I must meet any current eligibility requirements.

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

Payment

- ☐ I have enclosed a check or money order for $225.00
- ☐ Please charge my MasterCard, Visa or Discover $225.00

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: exam.manager@nmtcb.org