



# NMTCB(RS) Radiation Safety Tasks Attestation Form

## 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 for admission to the Nuclear Medicine Technology Certification Board's NMTCB(RS) Examination. As part of the NMTCB's pre-examination qualifying procedure, we require written confirmation of the candidate's experience performing tasks directly associated with radiation safety over a minimum period of 1 calendar year.

**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 a minimum, of one year or longer.*

- 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:** [exam.manager@nmtcb.org](mailto:exam.manager@nmtcb.org)

Please confirm both pages are included in your transmission.