



# Nuclear Medicine Technology Certification Board

## **Alternate Recertification Pathway Application for NCT or PET Specialty Certificants using CE**

Current specialty certificants have the option to 1) apply and successfully pass the respective specialty examination OR 2) submit this application with payment and documentation of specialty-specific CEs to recertify the credential. Individuals with an **expired** specialty credential may only recertify by passing the examination. To apply for the recertification examination, a separate exam application is available at [www.NMTCB.org](http://www.NMTCB.org).

Applicants must submit: completed application, a **\$250** payment, and documentation of completing **42 continuing education credits** specific to the specialty area during their most recent seven year credentialed period. Once an applicant is determined eligible, their specialty credential will be valid for seven (7) years from the date of approval. Annual renewals are required to maintain an active credential.

**Instructions:**

1. Print or type all responses, except where signature or initials are required
2. Enclose documentation of specialty specific CEs. CEs must be obtained from an organization that meets the NMTCB’s criteria for awarding continuing education credits. A list of approved organizations can be found here: <https://www.nmtcb.org/policies/continuing-competence>
3. Enclose payment of **\$250** – payable by credit card, check, or enclose or money order to NMTCB.

<b>Name and Address Information:</b>					 <b>NMTCB Specialty Certification Number:</b> _____
I am applying for <input type="checkbox"/> <b>PET</b> or <input type="checkbox"/> <b>NCT</b> Specialty Recertification:					
Name:	<input type="checkbox"/> Mr.	_____			
	<input type="checkbox"/> Ms.	_____	_____	_____	_____
	<input type="checkbox"/> Mrs.	First	Middle Initial	Last	
	<input type="checkbox"/> Dr.	_____			
Address: _____					
	Street Address	Apt. #	City	State	Zip
Telephone (Primary) _____ / _____ Home Cell Work ( <b>circle one</b> )					
Area Code					
Last 4 of Social Security Number: _____			Date of Birth: _____		
E-mail address _____ @ _____					
<i>Please print clearly and provide a valid email address you check often.</i>					
1. Are you interested in receiving mail from professional organizations? Yes <input type="checkbox"/> No <input type="checkbox"/> <span style="float: right;"><i>(blank responses will be interpreted as "yes")</i></span>					
2. Are you interested in receiving mail from commercial organizations? Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. Are you interested in having your phone number included in the NMTCB member directory available to NMTCB certificants? Yes <input type="checkbox"/> No <input type="checkbox"/>					

## 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:

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. \_\_\_\_\_ **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. \_\_\_\_\_ **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. \_\_\_\_\_ **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. \_\_\_\_\_ **initial**

I hereby make application to the Nuclear Medicine Technology Certification Board, Inc. (NMTCB) for the limited time special recertification alternate pathway in the specialty of NCT or PET 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 \$250.00 USD by credit card, check or money order payable to the NMTCB. I understand that the application fee is nonrefundable.

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 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.

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**Signature**

**Date**

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

## **Recertification Application Payment**

- I have enclosed a check or money order for \$250.00
- Please charge my MasterCard, Visa or Discover \$250.00

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: [recertifications@nmtcb.org](mailto:recertifications@nmtcb.org)

## **Checklist**

Did you...

- Complete all sections of this application
- Include documentation of 42 hours of specialty specific CE activities
- Enclose your payment for \$250