

Clinical Affiliate Summary

Name of affiliate: _____

Address: _____

City, State, Zip: _____

Distance in miles from program sponsor (round up to the next whole number): _____

Affiliate History

Approved affiliate

New application

Experiences provided in the primary educational area at this facility

Please check all that apply. Information on secondary rotation areas at this affiliate, if any, are addressed on the following page. **Do not** check their offerings here:

general nuclear medicine

nuclear cardiology

PET/CT

diagnostic CT

radiopharmacy

other

Explain if you selected 'other': _____

Affiliate education supervisor: _____

Complete JRCNMT Résumé Form and provide proof of current technologist board certification or pharmacist state license immediately after this page.

Is this affiliate shared with other NMT programs? Yes No

If yes, list the other program(s) using this affiliate:

- _____
- _____
- _____

Does this affiliate have rotation areas **outside** the primary clinical education area listed on the previous page (e.g. nuclear cardiology or PET/CT in another area of the hospital campus)? If so please identify these secondary rotation areas below.

If rotation areas have an address that is different than the main affiliate you **must** provide a hospital campus map or Google map demonstrating that the locations are on the same physical campus as the primary clinical education area. If the locations are not on the same campus then these are separate affiliates and must be submitted in separate affiliate files. Do not list them below.

● _____
Name of facility

Address	City	ST
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AES: _____

Complete JRCNMT Résumé Form and provide proof of current technologist board certification or pharmacist state license immediately after this page or after the narrative if this is a new affiliate.

Experiences provided at this location (check all that apply / do **not** include other rotation areas offered by this affiliate):

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> general nuclear medicine | <input type="checkbox"/> nuclear cardiology | <input type="checkbox"/> PET/CT |
| <input type="checkbox"/> diagnostic CT | <input type="checkbox"/> radiopharmacy | <input type="checkbox"/> other |

Explain if you selected 'Other': _____

● _____
Name of facility

Address	City	ST
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AES: _____

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Experiences provided at this location (check all that apply / do **not** include other rotation areas offered by this affiliate):

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> general nuclear medicine | <input type="checkbox"/> nuclear cardiology | <input type="checkbox"/> PET/CT |
| <input type="checkbox"/> diagnostic CT | <input type="checkbox"/> radiopharmacy | <input type="checkbox"/> other |

Explain if you selected 'Other': _____

Continuation of additional rotation areas of this affiliate **(omit page if not needed)**

• _____
Name of facility

Address	City	ST
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AES: _____

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Experiences provided at this location (check all that apply / do **not** include other rotation areas offered by this affiliate):

<input type="checkbox"/> general nuclear medicine	<input type="checkbox"/> nuclear cardiology	<input type="checkbox"/> PET/CT
<input type="checkbox"/> diagnostic CT	<input type="checkbox"/> radiopharmacy	<input type="checkbox"/> other

Explain if you selected 'Other': _____

• _____
Name of facility

Address	City	ST
---------	------	----

AES: _____

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Experiences provided at this location (check all that apply / do **not** include other rotation areas offered by this affiliate):

<input type="checkbox"/> general nuclear medicine	<input type="checkbox"/> nuclear cardiology	<input type="checkbox"/> PET/CT
<input type="checkbox"/> diagnostic CT	<input type="checkbox"/> radiopharmacy	<input type="checkbox"/> other

Explain if you selected 'Other': _____