

## Joint Review Committee on Educational Programs in Nuclear Medicine Technology

### Application for Initial or Continuing Accreditation

Accreditation by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) is initiated or continued at the request of the institution sponsoring an educational program in nuclear medicine technology. This application, signed by the chief executive officer, constitutes the formal accreditation request and signifies that the program voluntarily accepts responsibility for complying with JRCNMT accreditation standards and policies, along with fulfilling all the obligations of an accredited program.

Utilizing national educational standards published in the *Accreditation Standards for Nuclear Medicine Technologist Education*, the JRCNMT accreditation process provides peer review of the program's educational content and processes. Accreditation includes completion of a self-study focused on program activities related to the standards; an on-site review; and evaluation of the self-study and on-site documentation to determine whether the program is in compliance with JRCNMT policies and standards for accreditation. The JRCNMT and its site evaluators do not request nor should they be given any information about patients in the self-study or during the on-site review.

Programmatic accreditation by the JRCNMT does not confer eligibility for Title IV student financial aid programs or other federal purpose programs such as VA educational benefits.

The sponsoring institution hereby warrants that all of the information contained in and submitted as part of this application is complete and accurate. Should any of the information provided in this application change in a material way, the sponsoring institution agrees to notify the JRCNMT of such change(s) within 15 business days of the change. In the event that any of the information is false, inaccurate or incomplete, each party to this Agreement shall be, with respect to any claim or action arising out of the activities described in this application, responsible for their own conduct and the conduct of their officers and employees acting within the scope of their employment or under this application.

#### Institution Sponsoring the Nuclear Medicine Technology Program

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

The sponsoring institution of the applicant program is accredited or otherwise recognized by the following national or regional agency:

Institution Type:

Institutional Control/Ownership:

#### President / Chief Executive Officer of Sponsoring Institution:

Name (Print) \_\_\_\_\_

Degree/Credentials \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature noting intent to initiate the accreditation process

\_\_\_\_\_  
Date

**NUCLEAR MEDICINE PROGRAM**

Name of program \_\_\_\_\_

Mailing address (if different from sponsor) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If new program, proposed start date for first class of students: \_\_\_\_\_

**PROGRAM OFFICIALS**

**Program Director** \_\_\_\_\_

(List highest degree and credentials)

Mailing address if different from program address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

Email address \_\_\_\_\_

**Clinical Coordinator** \_\_\_\_\_

(List highest degree and credentials)

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Clinical Coordinator (if two)** \_\_\_\_\_

(List highest degree and credentials)

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Program Director's Immediate Supervisor** \_\_\_\_\_

(List highest degree & credentials)

Title \_\_\_\_\_ Phone number \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

**AFFILIATE INFORMATION**

Please submit a list of all academic and clinical affiliates (name and address) of this program with this application.

**Return the completed application to:**

JRCNMT  
820 W. Danforth Rd, #B1  
Edmond, OK 73003

**If you have questions:**

Phone (405) 285-0546  
Fax (405) 285-0579  
Email mail@jrcnmt.org