



Joint Review Committee on Educational Programs in Nuclear Medicine
Technology 820 W. Danforth Road, #B1 / Edmond, OK 73003

Phone: 405.285.0546

Fax: 405.285.0579

mail@jrcnmt.org

REPORTING PERSONNEL CHANGES

Complete this form, add supporting documents then email or fax to JRCNMT for processing.

NAME: _____ TITLE: _____

SPONSOR: _____ CITY/STATE: _____

DATE: _____ EMAIL: _____

If position is filled with an **interim** indicate as such and provide noted documentation. If position is vacant, describe process being taken to fill the position and actions taken to maintain program continuity and effectiveness in the interim.

LOCATION OF CHANGE (select one)			
<input type="checkbox"/>	PROGRAM	<input type="checkbox"/>	CLINICAL AFFILIATE
<input type="checkbox"/>		<input type="checkbox"/>	ACADEMIC AFFILIATE
<input type="checkbox"/>	OTHER (explain below)		
TYPE OF CHANGE (select one)			
<input type="checkbox"/>	Program Director (Provide Resume Form from JRCNMT website and supporting documentation)		
<input type="checkbox"/>	Program Clinical Coordinator (Provide Resume Form from JRCNMT website and supporting documentation)		
<input type="checkbox"/>	Affiliate Education Supervisor (Provide Resume Form from JRCNMT website and supporting documentation)		
<input type="checkbox"/>	Academic Affiliate Advisor (Provide Resume Form from JRCNMT website)		
<input type="checkbox"/>	Other (Explain below and provide appropriate documentation)		
PERSONNEL INFORMATION (complete all that apply)			
Sponsor or name of affiliate:			
Previous person in position (Include degrees and certifications):			
New person in position (Include degrees and certifications):			
Contact for new person:			
EXPLANATION:			

The change listed above was approved by the JRCNMT Executive Officers on

_____ Date

_____ Executive Director