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

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REPORTING PROGRAM CHANGES

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

Name: _____ **Title:** _____

Sponsor: _____ **City/State:** _____

Date: _____ **Email:** _____

Please check the appropriate boxes to indicate where this change is occurring and the type of change. Please provide a rationale or explanation in the box provided.

LOCATION OF CHANGE (mark one)

	Program		**Clinical Affiliate**		**Academic Affiliate**		**Other (Explain below)**

TYPE OF CHANGE (mark all that apply)

	Address		Email Address
	Telephone Number		Fax Number
	Institution Name		Delete Affiliate
	Decrease Student Capacity		Other (Explain below)
	Increase Student Capacity (Explain and provide forms CL-A through CL-D, from affiliate application on JRCNMT website)		

EXPLANATION:

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

_____ _____

Date **Executive Director**