

**JOINT REVIEW COMMITTEE ON EDUCATIONAL PROGRAMS IN  
NUCLEAR MEDICINE TECHNOLOGY**

**APPLICATION FOR TRANSFER OF SPONSORSHIP OF AN ACCREDITED  
NUCLEAR MEDICINE TECHNOLOGY PROGRAM**

Signatures of the individuals identified in Section II and III constitute an official request for the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) to transfer accreditation of the program to a new sponsor.

I. **EFFECTIVE DATE OF TRANSFER:** \_\_\_\_\_

II. **CURRENT SPONSORING INSTITUTION:**

Name \_\_\_\_\_

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

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

**CHIEF EXECUTIVE OFFICER:**

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

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

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

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

\_\_\_\_\_  
Signature Authorizing Transfer of Sponsorship

\_\_\_\_\_  
Date

**III. NEW SPONSORING INSTITUTION:**

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 and program officials constitutes the formal accreditation request.

The JRCNMT accreditation process provides peer review of the program's educational content and processes based on national educational standards published in the *Accreditation Standards for Nuclear Medicine Technologist Education*. This process includes: completion of a self-study focused on activities related to the standards; a site evaluation visit; and evaluation by an independent body as to whether the program is in compliance with the standards of accreditation. Volunteers from the educational and professional community provide their time and expertise to support this process. The JRCNMT and its site visitors do not request nor should they be given any information about individual patients.

Institutional accreditation by agencies recognized by the US Department of Education provides eligibility for Title IV student financial aid programs. Programmatic accreditation by the JRCNMT does not provide eligibility for federal benefits or financial aid.

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 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, the sponsoring institution agrees to indemnify and hold harmless the JRCNMT from any cause of action that is brought against it by any person or entity based on the sponsoring institution's false, inaccurate or incomplete information, including the payment or reimbursement of any damages that the JRCNMT pays and any and all legal fees and costs incurred, including but not limited to attorneys' fees.

Jurisdiction and venue of any suit, claim or proceeding relating to accreditation or accredited status, whether a claim for damages or injunctive or declaratory relief, brought by the sponsoring organization of a current or formerly accredited program or applicant for accreditation, against the JRCNMT, or a member of the JRCNMT, member of an Appeals Panel, member of a site evaluation team, or other agent or employee of the JRCNMT because he or she acted on behalf of the JRCNMT, shall only be in the U.S. District Court for the State of Oklahoma.

By signing below I acknowledge that I have read the above statement.

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Signature Chief Executive Officer Authorizing Acceptance of Sponsorship

Date

**NEW SPONSORING INSTITUTION**

Name \_\_\_\_\_

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

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

Web Address \_\_\_\_\_

**CHIEF EXECUTIVE OFFICER:**

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

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

City, State and Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**DEAN OR COMPARABLE DEPARTMENTAL ADMINISTRATOR:**

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

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROGRAM DIRECTOR:** (If new appointment, submit JRCNMT Resume form and supporting documentation)

Name \_\_\_\_\_ Degree/Credentials \_\_\_\_\_

Office Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROGRAM MEDICAL ADVISOR:** (If new appointment, submit JRCNMT Resume form and supporting documentation)

Name \_\_\_\_\_ Degree/Credentials \_\_\_\_\_

**PROGRAM CLINICAL COORDINATOR:** (If new appointment, submit JRCNMT Resume form and supporting documentation)

Name \_\_\_\_\_ Degree/Credentials \_\_\_\_\_