



Joint Review Committee on Educational Programs in Nuclear Medicine Technology  
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### REPORTING PROGRAM CHANGES

Complete this form, add the required supporting documents, then email as one PDF file to JRCNMT

#### Program Submitting This Change

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_

Please check the appropriate boxes to indicate where this change is occurring and the type of change. Provide an explanation in the box. \***Key program contacts** are the Program Director, Clinical Coordinator, the PD's immediate supervisor and the institution's president/CEO or administrator of record for accreditation issues.

LOCATION OF CHANGE (mark one)			
Program	Clinical Affiliate	Academic Affiliate	Other (Explain below)
TYPE OF CHANGE (mark all that apply)			
Institution Name			Decrease Student Capacity
Address (institution or key program contact*)			Delete Affiliate
Telephone Number (key program contact*)			Other (Explain below)
Email Address (key program contact*)			
EXPLANATION:			

The change listed above was approved by the JRCNMT Executive Officers

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director