Clinical Affiliate Summary

Name of affiliate:		
Address:		
City, State, Zip:		
Distance in miles from program sponsor (roun	nd up to the next whole	e number):
Δffilia	ite History	
211110	ite i iistoi y	
Approved affiliate	New application	
Experiences provided in the primary education of the Please check all that apply. Information on sea addressed on the following page. Do not check the primary education of	condary rotation areas	-
general nuclear medicine	nuclear cardiology	PET/CT
diagnostic CT	radiopharmacy	other
Explain if you selected 'other':		
Affiliate education supervisor: Complete JRCNMT Résumé Form and provide parmacist state license immediately after this	proof of current technologis	t board certification or
Is this affiliate shared with other NMT program	ms? Yes	No
If yes, list the other program(s) using this affili	ate:	
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•		
•		_
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Does this affiliate have rotation areas <u>outside</u> the primary clinical education area listed on the previous page (e.g. nuclear cardiology or PET/CT in another area of the hospital campus)? If so please identify these secondary rotation areas below.

If rotation areas have an address that is different than the main affiliate you <u>must</u> provide a hospital campus map or Google map demonstrating that the locations are on the same physical campus as the primary clinical education area. <u>If the locations are not on the same campus then these are separate affiliates and must be submitted in separate affiliate files. Do not list them below.</u>

Address	City	ST
AES:		
Complete JRCNMT Résumé Form and pro state license immediately after this page		
Experiences provided at this location this affiliate):	(check all that apply / do not inc	clude other rotation areas off
general nuclear medic	ine nuclear cardiology	PET/CT
diagnostic CT	radiopharmacy	other
•		
Explain if you selected 'Other':		
-		
Explain if you selected 'Other':		
Explain if you selected 'Other':	City	ST
Explain if you selected 'Other': Name of facility Address AES:	City	ST
Explain if you selected 'Other':	City vide proof of current technologist be	ST pard certification or pharmacist
Explain if you selected 'Other': Name of facility Address AES: Complete JRCNMT Résumé Form and pro	City vide proof of current technologist bo or after the narrative if this is a new	ST pard certification or pharmacist v affiliate.
Explain if you selected 'Other': Name of facility Address AES: Complete JRCNMT Résumé Form and prostate license immediately after this page Experiences provided at this location	City vide proof of current technologist be or after the narrative if this is a new (check all that apply / do not inc	ST pard certification or pharmacist y affiliate. Clude other rotation areas off

Name of facili	ity		
Address		City	ST
AES:	NMT Résumé Form and provide prod	of of our wont took hold dist board	cortification or pharmaci
	mmediately after this page or after		
Experiences this affiliate)	provided at this location (check a	all that apply / do not include	e other rotation areas o
	general nuclear medicine	nuclear cardiology	PET/CT
	diagnostic CT	radiopharmacy	other
	-		
Explain if yo	diagnostic CT u selected 'Other':		
	u selected 'Other':		
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Name of facili Address AES:	u selected 'Other':ity	City	ST
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Name of facili Address AES: Complete JRC state license i	u selected 'Other':	City of of current technologist board the narrative if this is a new affil	ST certification or pharmacis liate.
Name of facili Address AES: Complete JRC state license is	u selected 'Other':	City of of current technologist board the narrative if this is a new affil	ST certification or pharmacis liate.

Continuation of additional rotation areas of this affiliate (omit page if not needed)