## Joint Review Committee on Educational Programs in Nuclear Medicine Technology

Nuclear Medicine Technology			
Site Evaluator Application			
Name			
Preferred Mailing Address		Is This: Home	
Address Line 2		Work	
City, State and Zip	T		
Work phone	Cell	Email	
Employer			
Your Work Title			
Certification			
JRCNMT policy requires a site evaluator to be credentialed in nuclear medicine technology or in radiology, nuclear medicine, or medical physics. Please <b>provide</b> evidence of current certifications with this application.			
Practitioner Status			
The JRCNMT defines a practitioner as an individual who, on average, provides or oversees services to patients in a healthcare setting a minimum of eight hours per week.			
I meet the definition of a practitioner		I do not meet the definition of a practitioner	
Program Affiliations			
		rograms with which you are affiliated and the r/supervisor, graduate, consultant, etc.)	
Distance Education Experience			
Do you have experience in distar	ce education delivery? Yes	No	
If yes, please explain			
Additional Information			
Do you have travel restrictions?	Yes No		
If yes, please explain			

Ethical Behavior Agreement				
am aware that as a JRCNMT site evaluator, I am a representative of the JRCNMT and will conduct myself in a professional manner to maintain the integrity of the agency and its accreditation activities. I will respect and protect the confidentiality of all accreditation materials and communications and will identify all conflicts of interest relevant to this role before accepting an assignment.				
Signature	Date			

In addition to this form, applicants must also provide a current resumé, evidence of current board certifications(s), a letter explaining your interest in becoming an evaluator and a letter from a supervisor confirming your ability to participate in site evaluations during the work week.

