



APPLICATION FOR EXAMINATION OR LICENSE IN NUCLEAR MEDICINE TECHNOLOGY

Name
 Mr.
 Ms. _____
 Last First MI
Address _____
 #. & Street Apt. #

 City ST Zip County

Social Security Number _____
Date of Birth: _____
Telephone No.: _____ (Home)
 _____ (Work)
Email: _____

This is an application for (please circle one): **Examination (\$160)** **License (\$60)**

If examination, have you ever taken before? Yes ____ No ____ If yes, list date of last exam _____ Number of times taken ____

EDUCATION: Submit Copy of Diploma/Certificate (Attach additional sheets if more space needed)

School	Program ID	Address	Attendance (mth/yr)	
			From	To

EMPLOYMENT: (Attach additional sheets if more space needed)

From mth/yr	To mth/yr	Total # on mths	Name of Employer	Address of Employer	Type of Procedures Performed

PLEASE PLACE A CHECK NEXT TO THE LICENSURE OPTION IN WHICH YOU WANT TO APPLY UNDER:

(See page 1 for details and a list of information that must be submitted with your application)

- I have passed a Commission approved examination within 3 years.
- I have passed a Commission approved examination but not within 3 years and have legally worked as a nuclear medicine technologist for at least 1,000 hours in the preceding 3 years.
- I have passed the N.J. State examination within 3 years.
- I am currently certified, registered, or licensed in another state or country that has equivalent standards as Commission's standards and have legally worked as a nuclear medicine technologist for at least 1,000 hours in the preceding 3 years.

MORAL CHARACTER STATEMENT

Have you ever been convicted of any Federal or state crime(s)? Yes ____ No ____
 If yes, please submit official documentation from the court that includes the date(s) of conviction, the name and degree of the crime(s), the court sentence(s) and the status of completing the sentence(s).

NOTARIZE HERE

<p>I understand that any false statement made by me may be cause for the denial of this application as well as any future examination or license applications and may subject me to penalties allowed by law.</p> <p>_____</p> <p style="text-align: center;">Signature of Applicant</p> <p>_____</p> <p style="text-align: center;">Maiden Name (if any)</p>	<p>Sworn to and subscribed before me this _____ day _____ A.D. _____</p> <p>_____</p> <p style="text-align: center;">Signature of Official Administering Oath</p> <p>_____</p> <p style="text-align: center;">Title (Official Seal)</p>
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Bureau Use Only:

Amount Received: _____ **Check #** _____ **Date Processed** _____ **License #** _____ **Initials** _____

APPLICATION INSTRUCTIONS FOR A NEW JERSEY EXAMINATION/LICENSE IN NUCLEAR MEDICINE TECHNOLOGY

This application cannot be used for License Renewals

General Instructions: Make sure the application is complete with all appropriate questions answered.

- Under the Federal Privacy Act, 5 USC 552a disclosure of your Social Security Number is voluntary under the Federal Privacy Act, 5 USC 552a. It is used solely as an internal identifier.
- All applicants must be 18 years of age at the time of application. All applicants must have successfully completed a high school education in the United States or its equivalent (e.g. GED) as determined by the New Jersey Board of Education.
- Sign the application and have it notarized with by a notary public with a current date. (Notaries can be found in your local telephone book)
- All foreign credentials must be translated, notarized as an accurate translation, and submitted in English.
- A nonrefundable/nontransferable fee must accompany all applications for the nuclear medicine technology (**Examination fee is \$160.00 or License fee is \$60.00**). Payment must be by personal check or money order, made payable to **Treasurer, State of New Jersey**.

Examination Requirements:

An applicant must have satisfactorily completed a course of study in a nuclear medicine technology program approved by either the Department, Joint Review Committee on Education in Nuclear Medicine Technology (JRCENMT) or its equivalent as determined by the Department. If you did not complete a course of study in an approved program, your application will need to be reviewed for equivalency. Please call the Bureau of X-ray Compliance (BXC) for information.

Examination Information: The licensing examination is only offered via computer. The examination can be taken at one of over 200 test centers across the country. The minimum score needed to pass is 75%. This examination is administered by the American Registry of Radiologic Technologists (ARRT). Additional information about the examination can be found at www.rrt.org and click "Examinations".

License Requirement:

To be eligible for a license in nuclear medicine technology, the applicant must comply with **one** of the following four licensure options:

1. Within 3 years of application for a license, has passed a New Jersey Commission on Radiation Protection (Commission) approved examination. Commission approved examinations include: the American Registry of Radiologic Technologists (ARRT(N)), Nuclear Medicine Technology Certification Board (NMTCB), or American Society of Clinical Pathologists (ASCP(N)).

If this applies, your application must include: a current certificate or registration from either the ARRT, NMTCB or ASCP and a document that reveals the date in which you passed the examination.

2. Has passed a Commission approved examination but not within 3 years of application for a license and has legally engaged in the practice of nuclear medicine technology for at least 1,000 hours during the preceding 3 years.

If this applies, your application must include: proof of passing a Commission approved examination, such as a current certificate or registration from either the ARRT, NMTCB or ASCP and a letter from an employer(s) attesting to your employment as a nuclear medicine technologist.

3. Within 3 years of application for a license, has passed the New Jersey State licensing examination in Nuclear Medicine Technology.

4. Holds a current certificate, registration, or license as a nuclear medicine technologist issued by another state or country provided that that state's or country's examination and licensure standards are equivalent and satisfactory to the Commission and has legally engaged in the practice of nuclear medicine technology for at least 1,000 hours during the preceding 3 years.

If this applies, you should call the BXC to discuss your qualifications. At a minimum your application must include: (a) a current certificate, registration, or license from that state or country; (b) a letter from a employer attesting to your employment as a nuclear medicine technology; and (c) information regarding the state's or country's examination and licensure standards.

Please send application and fee with the necessary supporting documentation to:
Department of Environmental Protection, Bureau of X-Ray Compliance
US Postal Service: PO Box 420 (Mail Code 25-01), Trenton, New Jersey 08625-0420
Tel: (609) 984-5890 Fax: (609) 984-5811 Internet address: www.xray.nj.gov
Overnight Address: 25 Arctic Parkway, Ewing, New Jersey 08638
(Only use for FedEx, UPS, etc.)