

CERTIFIED NUCLEAR MEDICINE TECHNOLOGIST INITIAL/RECIPROCITY APPLICATION CHECKLIST

**Provider Application Forms link*

| APPLICATION CHECKLIST |
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| INITIAL application requirements: |
| <p>Either:</p> <ul style="list-style-type: none"> A photocopy of current ARRT or NMTCB certification OR documentation of passing ARRT or NMTCB Exam. <p>OR</p> <ul style="list-style-type: none"> Documentation of having completed a Department-approved educational program, except as provided in A.A.C. R9-16-602(D); and Having a passing score on a Department-approved examination. |
| RECIPROCITY application requirements: |
| <p>To apply, you must have been licensed or certified as a nuclear medicine technologist in another state for at least one year.</p> |
| <p>A copy of a completed and signed attestation of licensure in another state. *See note below</p> |
| <p>Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification.</p> |
| The following is required for both the INITIAL and RECIPROCITY applications: |
| <p>A nonrefundable application fee of \$100. Visa, Mastercard, or electronic check information is accepted.</p> |
| <p>A photocopy of citizenship or authorized presence document. *If the document submitted does not contain your photograph, you MUST provide another government issued document that contains a photograph.</p> |
| <p>If current legal name is different than the name on any of the documents submitted, provide a photocopy of a name linkage document (marriage certificate, divorce decree, court order, etc.).</p> |
| <p>If convicted of a misdemeanor or felony (including DUI), photocopy of court records documenting disposition and verification of completion of disposition must be submitted with application.</p> |
| <p>If the applicant has had a professional license or certificate suspended, revoked, or had disciplinary action taken against the professional license or certification within the previous five years, documentation that includes:</p> <ul style="list-style-type: none"> The date of the disciplinary action, revocation, or suspension; The state or nationally accredited certifying body that issued the disciplinary action, revocation, or suspension; and An explanation of the disciplinary action, revocation, or suspension. |
| <p>If currently ineligible for licensing or certification in any state because of a license revocation or suspension, provide a photocopy of documentation that includes:</p> <ul style="list-style-type: none"> The date of the ineligibility; The state or jurisdiction of the ineligibility; and An explanation of the ineligibility for licensing or certification. |

Reciprocity Applicants:

*Click on the forms link at the top of the page to be directed to our *Provide Application Forms* page. Locate and complete the *Attestation of Licensure in another State* form.