



APPLICATION FOR RECOGNITION OF PROGRAM OFFICIALS
IN MEDICAL DOSIMETRY
FORM 102MD

Sponsoring Institution: \_\_\_\_\_ Program # \_\_\_\_\_

Program Officials (Check one)

- Program Director
Educational Coordinator
Clinical Preceptor
E-mail address
telephone number

Name of Appointee: \_\_\_\_\_

Clinical Practice Setting(s) (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

Copies of the following must be attached:

- Current curriculum vitae/resume documenting compliance with Standard Six - Objective 6.1
Current MDCB registration documentation or equivalent in the appropriate discipline.
Documentation (copy of the degree or an official transcript) of baccalaureate or higher degree(s).

JRCERT Staff Review \_\_\_\_\_ Date \_\_\_\_\_
Currently identified on JRCERT database
Curriculum vitae and other materials document compliance with Standard Six - Objective 6.1
Designate as acting (request a progress report for program directors and educational coordinators only)