



**The Hong Kong College of Radiographers and Radiation Therapists**  
**Statement of Clinical Experience in Nuclear Medicine**  
**for Admission of Member of HKCRRT**

*This statement must be completed in full and signed by the applicant and his/her supervisor before it can be processed. The HKCRRT reserves the right to request the applicant to provide the detailed records of clinical experience.*

**To be completed by the applicant**

Title (circle one): Mr. Mrs. Ms. Dr.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

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

Tel. (Work): \_\_\_\_\_ Tel. (Mobile): \_\_\_\_\_ E-mail: \_\_\_\_\_

Certification Examination of NM of HKCRRT undertaken on \_\_\_\_\_ (dd/mm/yy) and passed.

I, \_\_\_\_\_ certify that I have performed the followings:

**Not less than 100 NM examinations on skeletal & infection imaging**

**Not less than 100 NM examinations on cardiac imaging**

**Not less than 50 NM examinations on renal imaging**

**Not less than 50 NM examinations on endocrine imaging**

**Not less than 100 PET examinations**

**Including 30 named NM examinations including pediatrics, brain perfusion, sentinel node, etc.**

during the 3-year period between \_\_\_\_\_ (mm/yy) and \_\_\_\_\_ (mm/yy)

**Supervisor's Verification**

I, \_\_\_\_\_ supervisor of the individual identified on the statement verify that the individual has successfully completed the clinical experience requirement during the time period described above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Name of Institution: \_\_\_\_\_