Clinical Instructor/Preceptor ARC Documentation Form

Name: _______________________________  Credential No. _________  Exp. Date: ______________

Which credential are you applying these ARCs toward?

☐ R. EEG T.  ☐ R. EP T.  ☐ CNIM

Three ARCs will be awarded for every six months of full-time instruction and oversite (4-5 days/week or a minimum of 96 days over a 6-month period.)

Two ARCs will be awarded for every six months of part-time instruction and oversite (1-3 days/week or a minimum of 24 days over a 6-month period.)

How many months of clinical instruction are you submitting?

☐ 1-6 months  3 ARC
☐ 7-12 months  6 ARC
☐ 13-18 months  9 ARC
☐ 19-24 months  12 ARC
☐ 25+ months  15 ARC

* A maximum of 15 ARCs may be submitted per 5-year recertification cycle

I affirm the information provided is true and correct for the technologist named above.

Program Director/Manager Name: ________________________________

Program Director/Manager Signature: ____________________________  Date: __________

I understand that providing false information on this form may result in suspension or revocation of my certification.

Applicant Signature: ________________________________  Date: __________