

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: