



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 oversight
(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 oversight
(1-3 days/week or a minimum of 24 days over a 6-month period.)

How many months of clinical instruction are you submitting?

Full Time

or

Part Time

*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: _____