

2010 CTR EXAM ELIGIBILITY REQUEST FORM



Council on Certification

Today's Date: _____ Expected Test Date: _____

Name: _____

Telephone #: _____

Email: _____

Please complete this form in its entirety to submit your eligibility request.

PLEASE FIND THE ELIGIBILITY ROUTE THAT BEST APPLIES:

Route A

Experience: Successful completion of 160 hours of work practicum in a CTR-staffed Cancer Registry (may be part of a NCRA-approved program curriculum). **AND**

Education:

NCRA Accredited Associate Degree Program (*school name*: _____) **OR**

Successful completion of an NCRA-Accredited Formal Education Program **AND** successful completion of a minimum of an Associate's degree or equivalent (4 semesters/6 quarters).

Formal Education Program name: _____

Route B

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the Cancer Registry field. **AND**

Education: Successful completion of an Associate's degree or equivalent (4 semesters/6 quarters) in an NCRA-Approved Allied Health Field (<http://www.ctrexam.org/eligibility/index.htm#status>)

Degree Name: _____

Route C

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the Cancer Registry field. **AND**

Education:

Successful completion of an Associate's Degree or equivalent (4 semesters/6 quarters) **AND**

License or certification in a recognized allied health field as determined by NCRA's Council on Certification (<http://www.ctrexam.org/eligibility/index.htm#status>)

License or certification name: _____

Route D

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the Cancer Registry field. **AND**

Education: Successful completion of a Master's degree in an NCRA-Approved Allied Health Field (<http://www.ctrexam.org/eligibility/index.htm#status>)

Degree Name: _____

Cancer Registry work experience? Please briefly describe your Cancer Registry work experience below:

Do you have TWO semesters (3 quarters) of HUMAN ANATOMY and/or PHYSIOLOGY based coursework?

Yes (course names on transcript: _____)

No

SUBMIT WITH COPIES OF YOUR TRANSCRIPTS TO:

Mail: 1340 Braddock Place, Suite 203 Alexandria, VA 22314 • **Fax:** 703-299-6620

Questions: Contact NCRA at 703-299-6640 ext: 319 • **Email:** ctrexam@ncra-usa.org

PLEASE ALLOW 6-8 WEEKS FOR PROCESSING

NCRA STAFF USE ONLY:

Eligible: YES NO

Eligible under Route: _____

Eligibility Case #: _____

Date Recorded: _____