

**CTR EXAM ELIGIBILITY REQUEST FORM**

**Today's Date:** \_\_\_\_\_ **Expected Test Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Please complete this form in its entirety for a complete eligibility review.*

**Route A – Experience requirement AND either Education option (1) or (2).**

**Experience:**

Successful completion of 160 hours of work practicum in a CTR-staffed Cancer Registry

**PLUS**

**Education:**

(1) NCRA-Accredited Associate Degree Program. *Program name:* \_\_\_\_\_

**OR**

(2) Successful completion of an NCRA-Accredited Certificate Program **AND** successful completion of a minimum of an Associate's degree or equivalent (60+ college credits). *Program name:* \_\_\_\_\_

**Route B – Both Education + Experience are required.**

**Education:**

Successful completion of an Associate's degree or equivalent (60+ college credits).

**Associate Degree**    **Bachelor Degree**    **Master Degree**

*Degree Name:* \_\_\_\_\_

Successful completion of TWO (2) semesters of 'Human Anatomy & Physiology' [<http://www.ncra-usa.org/AP>]

List course names from transcript: \_\_\_\_\_

**AND**

**Experience:**

Minimum 1,950 hours (one year equivalent) experience in the Cancer Registry field.

**Cancer Registry work experience? Indicate total number of hours worked and dates below:**

**Full-time hours:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Part-time hours:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Volunteer hours:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Check all that apply:**    Abstracting    Casefinding    Cancer committee/conference  
 Follow-up    Reporting    State/ NCDB submissions

**SUBMIT THIS FORM 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: 312 ● **Email:** [ctrexam@ncra-usa.org](mailto:ctrexam@ncra-usa.org)



*Council on Certification*

**NCRA STAFF USE ONLY:** Eligible:  YES  NO

Eligible under Route: \_\_\_\_\_ Eligibility Case #: \_\_\_\_\_ Date Recorded: \_\_\_\_\_