

CTR EXAM ELIGIBILITY DETERMINATION FORM

Complete this form in its entirety for a formal review of your eligibility. This form is **NOT REQUIRED** for eligibility approval.

Unofficial transcripts are acceptable. Allow up to 2 weeks for a response.

Candidate Information

Name: _____

Today's Date: _____ Expected Test Date: _____ Desired Eligibility Route: A / B Telephone # _____

Email: _____

Candidate Details

Education: *(Check all that apply)*

- 60+ college-level credits
- NCRA-accredited Certificate Program: _____
- NCRA-accredited Associate's Degree Program: _____
- Associate's Degree (specify) _____
- Bachelors Degree (specify) _____
- Masters Degree (specify) _____
- Other: _____

Experience:

Have you completed the 160-hour clinical practicum under a CTR's supervision as required in Route A? No Yes

1950 hours (equivalent to 1 year) in the Cancer Registry field.

Dates: _____

Other: _____

Specific Coursework: *(list individual course titles & completion dates)*

Referencing your transcripts and **not** listing courses will delay your request

- Human Anatomy: _____
- Human Physiology: _____
- Medical Terminology: _____
- Computer Basics in Healthcare: _____
- _____
- Other coursework: _____
- _____
- _____

Skills: *(Check all that apply)*

- Abstracting
- Case finding
- Cancer committee/conference
- Data quality assurance
- Follow-up
- Reporting
- State/NCDB submissions

SUBMIT THIS FORM WITH COPIES OF YOUR TRANSCRIPTS TO:

Mail: 1330 Braddock Place Suite 520, Alexandria, VA 22314 • **Fax:** 703-299-6620

Questions: Contact NCRA at 703-299-6640 x312 • **Email:** ctrexam@ncra-usa.org

For details of Eligibility Routes, go to <http://www.ctrexam.org/eligibility>

NCRA STAFF USE ONLY: Eligible: YES NO

Eligible under Route: _____

Eligibility Case #: _____

Date Recorded: _____

Updated 9/30/16