



**ARKANSAS DEPARTMENT OF HEALTH /RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM
Temporary Application for Licensure**

Instructions:

- Fill out this application in its entirety.
- This form may be photocopied.
- Please type or complete legibly using **black ink only**.
 - Colored ink does not show up after scanning forms into our system.
- **Do not use** "see attached" in lieu of filling out required forms.
- *Failure to properly complete required forms will delay the processing of your application and may result in its rejection.*

Staff Use:

Customer Number: _____

License Type: _____

License Number: _____

Please **type or print** your full name: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Phone: _____ E-Mail: _____

Work Address _____

Name of Business/Facility _____

Work Phone _____

Veteran Status: Are you or your spouse a veteran?

• Active duty military service members stationed in the State of Arkansas? Yes No

• Returning veterans applying within one year of discharge? Yes No

TYPE OF LICENSE (Check all that apply and see definition page to help you decide)

Radiologic Technologist Licensure *ARRT (R)(CT)(M)* Registry Number _____

Radiation Therapy Licensure *ARRT (T)* Registry Number _____

Nuclear Medicine Licensure *ARRT (N), NMTCB* Registry Number _____

Limited Specialty License *(RCIS)* Credentialing ID# _____

Limited Licensed Chest Technologist Licensure *(Non-ARRT, Non-NMTCB)*

Limited Licensed Extremity Technologist Licensure *(Non-ARRT, Non-NMTCB)*

Limited Licensed Skull and Sinus Technologist Licensure *(Non-ARRT, Non-NMTCB)*

Limited Licensed Spine Technologist Licensure *(ACRRT, Non-ARRT, Non-NMTCB)*

Limited Licensed Podiatric Technologist Licensure *(Non-ARRT, Non-NMTCB)*

Staff Use

Verified by: _____



Other State Radiography License (fill out Other State Verification RC FORM 740)

Name of State	Year Licensed	License Number	Type of License

Educational Information

Check one

- High School Diploma
- GED
- Allied Health School

Name of School: _____

Have you satisfactorily completed an accredited course of study in one of the following Radiologic Sciences? (Check Appropriate Box Below)

- Radiography
- Nuclear Medicine
- Radiation Therapy
- Chiropractic Radiologic Technology
- Registered Cardiovascular Invasive Special

If yes, complete the following:

Name of Accredited Program /School /College _____

Your name at time of graduation _____

Date of Graduation _____

Program/School/College Address _____

Date in which you passed the ARRT, NMTCB, ACRRT, or RCIS _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No If yes, please explain and be specific as to what crime was committed, what sentence was carried out and what amount of required rehabilitation was completed including pertinent dates.

AGREEMENT

- I, the undersigned applicant, recognize the Arkansas Department of Health as the sole and only judge of my qualifications to receive and retain a license issued by the Arkansas Department of Health.
- If I am licensed, I understand that I must fulfill the professional responsibilities of a Radiologic Technologist or Limited Licensed Technologist and meet the requirements for continuing education credits established by the Arkansas Department of Health.
- I certify that the statements contained in this application including any attachments or supporting information submitted hereto are, to the best of my knowledge, accurate and I understand that any falsification or misrepresentation of information in this application will be cause for rejection of the application.

Signature: _____ Date: _____



Definitions Page

Radiologic Technologist (Radiographer) – A technologist who, while under the supervision of a Licensed Practitioner, administers radioactive substances or uses medical equipment emitting or detecting ionizing radiation for human diagnostic or therapeutic purposes, and holds a national certification with the ARRT, obtained through education and examination. Must attach a copy of your current ARRT card along with your application.

Radiation Therapist – A technologist, other than a Radiographer or a Nuclear Medicine Technologist, who while under the supervision of a Licensed Practitioner, applies radiation to humans for therapeutic purposes and holds a national certification by the ARRT obtained through education and examination. Must attach a copy of your current ARRT card along with your application.

Nuclear Medicine Technologist – A Technologist, other than a radiographer or radiation therapist, who while under supervision of a Licensed Practitioner performs therapeutic, in vivo, imaging, and measurement procedures, prepares radiopharmaceuticals, and administers diagnostic doses of radiopharmaceuticals to human beings and is licensed to possess and use radioactive material, and holds a national certification with the NMTCB, ARRT, or ASCP obtained through education and examination. Must attach a current copy of your ARRT, NMTCB, or ASCP card along with your application.

Limited Specialty Technologists – A person, other than a Licensed Practitioner, Radiologic Technologists, or Licensed Technologists, while under the supervision of a Licensed Practitioner, operates medical equipment emitting ionizing radiation for diagnostic purposes on human beings that are limited to specific Invasive Cardiovascular Imaging Procedures, with RCIS credentialing. Must attach copy of CCI-RCIS (Registered Cardiovascular Invasive Specialists) card along with your application.

Limited Licensed Technologist – A person, other than a Licensed Practitioner, Radiologic Technologist, or Licensed Technologist, while under the supervision of a Licensed Practitioner, operates medical equipment emitting ionizing radiation for diagnostic purposes on human beings that are limited to specific body parts, and who has successfully passed a limited scope examination deemed appropriate by the Board, or possesses an American Chiropractic Registry of Radiologic Technologists card. Must attach copy of ACRRT card along with application.



FEES

Radiologic Technologist (ARRT, NMTCB)

- \$45 for first category and \$20 for additional categories, **not to exceed \$65.**
- Copy of current ARRT or NMTCB certification card required.
- Please specify *primary and secondary* categories.

Radiology \$ _____
Radiation Therapy \$ _____
Nuclear Medicine \$ _____
CT for Nuc Med \$ _____
Total \$ _____

Limited Specialty Technologists (RCIS)

- \$45 for the category and \$20 for additional categories, **not to exceed \$65.**
- Copy of current CCI-RCIS card required.

Registered Cardiovascular Invasive Specialists \$ _____
Secondary Category \$ _____
Total \$ _____

Limited Licensed Technologist (ACRRT)

- \$45 for first category and \$20 for additional categories, **not to exceed \$65.**
- Copy of current ARRT or NMTCB certification card required.
- Please specify *primary and secondary* categories.

Chest \$ _____
Extremities \$ _____
Skull/Sinus \$ _____
Spine \$ _____
Podiatry \$ _____
Total \$ _____

Questions:

Direct questions to Radiologic Technologist Licensure Program

Phone: (501)661-2301

email address: radiation.administration@arkansas.gov

SEND COMPLETED APPLICATION WITH A CHECK OR MONEY ORDER TO:

ADH/RTL Program
Freeway Medical Building
5800 W. 10th Street, Suite 401
Little Rock, Arkansas 72204