

ADH Radiologic Technology Licensure Program License Renewal Information Sheet

Date _____ Social Security # _____ DOB _____

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Place of Employment _____

Work Address _____

City _____ State _____ Zip Code _____

Home Phone Number (_____) _____

Work Phone Number (_____) _____

E-mail address _____

Please return form to:
Arkansas Department of Health
Radiologic Technology Licensure Program
4815 W. Markham, Slot 29
Little Rock, AR 72205

CONTINUING EDUCATION REPORT (Six Hours Required Annually)

Name of Continuing Education Activity (Fill in lines below)	Number of Continuing Education Hours	Continuing Education Reference/Approval Number

ARRT Registered Technologists ***must*** include a copy of their current ARRT registry card that reads, ****Status** In CE Compliance** in order to serve as evidence of CE Compliance for The Arkansas Department of Health RTL Licensure Program.