

All applicants are required to complete the Core Module of the Limited Scope of Practice in Radiography Examination administered by the American Registry of Radiologic Technologists with a score of 70% or higher. The selected skeletal modules also require a score of 70% or higher in order to receive a Limited Skeletal License in the State of Arkansas.

SECTION (2) Modules of Examination: (Check all modules in which you desire to test)

- CORE
 - CHEST
 - EXTREMITIES
 - SKULL/SINUS
 - SPINE
 - PODIATRY
-

SECTION (3) Statement of Facts

I, the undersigned, hereby verify that all statements and information contained in this application are true and correct. I hereby verify that I have read and understand all rules and regulations set forth by the Arkansas State Board of Health pertaining to the use of ionizing radiation in the practice of Limited Skeletal radiography and the operation of Medical X-Ray equipment.

_____ / _____ / 20_____
(Print Name) (Date)

(Signature)

SECTION (4) Instructions and Fees

MAIL THIS APPLICATION FORM AND YOUR \$100.00 CHECK OR MONEY ORDER TO:

Arkansas Department of Health
Radiation Control Section
Radiologic Technology Licensure Program
Freeway Medical Building
5800 W. 10th Street, Suite 100
Little Rock, AR 72204

If this form is not completed in its entirety and/or testing fee is not included, this application will not be processed.

All fees are nonrefundable

You may download additional applications from our website @ www.healthy.arkansas.gov/rtl