

**ARKANSAS DEPARTMENT OF HEALTH
RADIATION CONTROL SECTION
RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM
FREEWAY MEDICAL BUILDING
5800 W. 10TH STREET, SUITE 100
LITTLE ROCK, ARKANSAS 72204
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.

Note: 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.

Date _____ Social Security Number _____

Name _____ Birth Date _____
(last) (first) (middle)

Home Address _____
(street address) (city) (state) (zip) (county)

Business Address _____
(street address) (city) (state) (zip)

Name of Business **and** Licensed Practitioner _____

Home Telephone (_____) _____ Business Telephone (_____) _____

TYPE OF TEMPORARY LICENSE (Check all that apply and see definition page to help you decide)
ACRRT must include a copy of your current ACRRT card along with your application.

- Limited Licensed Chest Technologist Licensure (Non-ARRT, Non-NMTCB)
- Limited Licensed Extremity Technologist Licensure (ACRRT, 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)
- Other State Limited Radiography Reciprocity License (fill out Part I at the end of the application and send part I & II to the other state)
- Radiologic Technologist Licensure (Graduate of an Accredited Radiology School Program)
Approximate Month You Will Take the ARRT (R) _____
- Radiation Therapy Licensure (Graduate of an Accredited Radiation Therapy Program)
Approximate Month You Will Take the ARRT (T) _____
- Nuclear Medicine Licensure (Graduate of an Accredited Nuclear Medicine Program)
Approximate Month You Will Take the ARRT (N) or NMTCB _____
- Other State Full Radiography, Radiation Therapy or Nuclear Medicine Reciprocity License (fill out Part I at the end of the application and send part I & II to the other state)

**Other State Radiography, Limited Radiography, Radiation Therapy or Nuclear Medicine
(Fill out Part I on page 5 and send Part I & Part II to the other state)**

Name of State	Year Licensed	License Number	Type of License

Educational Information

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

Radiography, ARRT Nuclear Medicine, ARRT or NMTCB Radiation Therapy, ARRT
Registered Cardiovascular Invasive Specialist, CCI-RCIS,
Chiropractic Radiologic Technology, ACRRT

If No, proceed to **B.** If yes, complete the following

Your name at time of graduation _____
Date in which you passed ARRT, NMTCB, ACRRT _____
Name of Accredited Program/School/College _____
Program/School/College Address _____
City _____ State _____ Zip _____
Date of Graduation _____

B. Are you currently attending a Limited X-ray Program? If No, proceed to **C.** If yes, complete the following (Check Appropriate Box Below)

Heritage College Remington College Petra Allied Health

C. Have you graduated from High School? (Check Appropriate Box) Yes No

If No, proceed to **C.** If yes, complete the following

Your name at time of graduation _____
Name of High School _____
High School Street Address: _____
City _____ State _____ Zip _____
Year of Graduation _____

D. Have you passed a High School Equivalency Test (G.E.D.)? (Check Appropriate Box) Yes No
If Yes, Give:

Your name at the time you took the test: _____
City and State in which you took the test: _____
Year test was passed: _____

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

1. 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.
2. 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.
3. 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: _____

SEND COMPLETED APPLICATION WITH CHECK/MONEY ORDER TO:

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

Definition Page

Radiologic Technologist – 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.

Radiographer - A person other than a Licensed Practitioner, who while under the supervision of a Licensed Practitioner, uses medical equipment emitting ionizing radiation for human diagnostic 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.

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 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.

Temporary Licensed Technologist – A person, other than a Licensed Practitioner, 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 is awaiting examination for licensure.

FEES

TEMPORARY LICENSE FEE IS \$45.00 FOR ONE CATEGORY OR \$65.00 FOR MORE THAN ONE CATEGORY.
TEMPORARY LICENSE IS VALID FOR 180 DAYS.

THE TEMPORARY LICENSE MAY BE RENEWED ONCE. THE RENEWAL FEE FOR THE TEMPORARY LICENSE IS \$45.00 FOR ONE CATEGORY OR \$65.00 FOR MORE THAN ONE CATEGORY.

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