



**ARKANSAS DEPARTMENT OF HEALTH / RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM
Inactive/Retired Status**

I, _____ on this date, _____ request that my

ADH/RTL License # _____ be placed on an:

- Inactive Status
- Retired Status

Reason for Request:

Thank you,

Sign Here: _____

Questions:

Direct questions to Radiologic Technologist Licensure Program

Phone: (501)661-2301

email address: radiation.administration@arkansas.gov

Mail your completed form to:

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