



**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.
- 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.*

Please <b>type or print</b> your full name: _____	
Complete Address: _____	
Date of Birth: _____	Social Security Number: _____
Phone: _____	E-Mail: _____

Work Address _____
Name of Business/Facility _____
Work Phone _____

<b>Veteran Status:</b> Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a veteran?
• Active duty military service members stationed in the State of Arkansas? <input type="checkbox"/> Yes <input type="checkbox"/> No
• Returning veterans applying within one year of discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Registered Technologists must include a copy of your current registry card along with your application.

- 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*)

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



**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](mailto:radiation.administration@arkansas.gov)

**SEND COMPLETED APPLICATION WITH A CHECK OR MONEY ORDER TO:**

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