



ARKANSAS DEPARTMENT OF HEALTH / RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM
Application for Limited Scope Technologist Licensure

Instructions:

- Fill out this application in its entirety
- Please type or complete legibly using **BLACK INK ONLY**
- Failure to properly complete the required forms will delay the processing of your application and may result in its rejection.

Staff Use:

License Type (circle all that apply): Limited Scope Primary (RTLLP) / Additional (2B)

Customer Number: _____

License Number: _____

Please **type or print** your full name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Phone: _____ E-Mail: _____

Place of Work: _____

Work Address: _____

Work Phone _____

Limited Scope Exam (LXMO) Score(s): Include copy(s) of Limited Scope Exam Score Letters

Core _____ Extremity _____ Spine _____

Chest _____ Skull/Sinus _____ Podiatry _____

Veteran Status: Circle all that apply Applicant / Spouse

• Active-duty military service members stationed in the State of Arkansas? ☐ Yes ☐ No

• Returning veterans applying within one year of discharge? ☐ Yes ☐ No



Other State Radiography License (fill out Other State Verification RC FORM 740) and have sent to
radiation.administration@arkansas.gov.

Educational Information **Circle as appropriate:** High School Diploma or GED

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: _____

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.

**** Please note that Limited Scope Technologists **may not** perform the following x-ray exams:**

- | | |
|-----------|---------------|
| • Abdomen | • Hips/Pelvis |
| • Ribs | • Sternum |

Questions:

Direct questions to Radiologic Technologist Licensure Program

Phone: (501)661-2301

email address: radiation.administration@arkansas.gov



Limited Scope Primary (RTLLP) \$45.00/ Additional (2B) \$20.00 – Fees not to exceed \$65.00

SEND COMPLETED APPLICATION WITH A CHECK OR MONEY ORDER TO:

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