



**ARKANSAS DEPARTMENT OF HEALTH / RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM
License Renewal Information Sheet**

Instructions:

- Fill out this application in its entirety using **black ink**.
 - Colored ink does not show up after scanning forms into our system, you may be asked to resubmit your form using black ink to complete your renewal.
- *Failure to properly complete the required forms will delay the processing of your application and may result in your license not being renewed by the expiration date.*
- **Limited Licensed/Grandfathered Technologists**
 - Provide your Continuing Education Credit information on **page 2** or on a separate sheet.
 - Please **include** your supporting individual CE forms showing completion dates.
- **Registered Technologists** (ARRT, NMTCB or RCIS)
 - You **MUST** include your credentialing information showing CE Compliance for the year.
- All licenses are considered past due on the 1st of the following month and a late fee will be applied.
- Processing of your license *will* be delayed if you fail to include your ID number.

Please **type or print** your full name: _____
 (first) (middle) (last)

Street Address: _____

City: _____ State: _____ Zip: _____ -- _____

Date of Birth: _____ Social Security Number: XXX — XX — _____

Phone Number: _____ E-MAIL: _____

Name of Business/Facility: _____

Work Address: _____

Work Phone: _____ WORK E-Mail: _____

ARRT ID number: _____	Valid Thru End Of: _____	Staff Use Verified by: _____
NMTCB ID number: _____	Valid Thru End Of: _____	
RCIS ID number: _____	Valid Thru End Of: _____	
Other Credentials: _____	Valid Thru End Of: _____	

**** Failure to complete this information may result in Late Renewal**

Staff Use: Date: _____ Staff Initials: _____

CC #: _____

License Number: _____ License Type(s): RTL ____/_____



CONTINUING EDUCATION REPORT for Limited Scope and Grandfathered Technologists

* You **must** include supporting documents.

*Technologists registered with **ARRT or NMTCB are not** required to fill out the CE Section but **must** include CE compliance verification.

Six (6) Hours Required Annually

Name of Continuing Education Activity (Fill in lines below)	Number of Continuing Education Hours	Continuing Education Reference/Approval Number

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.

Email, fax, or mail your completed renewal form to:

- ❖ Online Renewal payment https://www.ark.org/dhhs_permits/index.php
 - email address— radiation.administration@arkansas.gov
 - Fax Number— (501) 661-2849 or (501) 280-4993

☞ Online renewals are processed and updated online within two (2) business days.

- ❖ USPS— Send renewal form and check or money order
 - ADH/Radiation Control
 - RTL Program
 - 4815 W. Markham, Slot 29
 - Little Rock, AR 72205-3866

Questions:

Direct questions to Radiologic Technologist Licensure Program
Phone: (501)661-2301