RC FORM 740
(11/2019)

ARKANSAS DEPARTMENT OF HEALTH
RADIATION CONTROL SECTION

Arkansas Department of Health/ Radiologic Technologist Licensure Program

OTHER STATE LICENSE/CERTIFICATE VERIFICATION FORM

- DO NOT send this form to the ARRT, NMTCB, ASCP, or other national credentialing agency
- This form must be sent to the Arkansas Department of Health directly from the verifying agency.
- This form does not constitute application for Arkansas Radiologic Technology Licensure.

Part I to be filled out by the Applicant:

Fill out Part I and send to each state, territory, or country in which you now hold or have ever held any professional radiologic technology license.

I hereby authorize the licensing agency of the State/Country of _____ to release any and all information on file concerning me, favorable or otherwise, to the Arkansas Department of Health, Radiologic Technology Licensure Program.

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

Complete Address: _____

Date of Birth: _____ Social Security Number: _____

Phone: _____ E-Mail: _____

PART II to be filled out by verifying state/country:

Return this form directly to:

Arkansas Department of Health
Radiation Control Section/RTL Program
5800 W. 10th Street, Suite 401
Little Rock, AR 72204

Licensing State: _____ License Number: _____

Issue Date: _____Expiration Date: _____

Licensed/certified through:

- ☐ National Examination _____
- ☐ State Board Examination _____
- ☐ Reciprocity from (Name of State) _____

Does this state require a minimum of six continuing education hours per year? ☐ Yes ☐ No

Has this licensee been suspended or revoked? ☐ Yes ☐ No

NOTE: Please attach certified copies of any pertinent material such as: Notice of Hearing, Final Decision, Consent Order/Agreement, etc.

Comments, if any _____

_____

Printed Name: _____ **VERIFYING AGENCY SEAL**

Signed: _____

Title: _____

Agency Name: _____

Questions:

Direct questions to Radiologic Technologist Licensure Program

Phone: (501)661-2301

email address: radiation.administration@arkansas.gov