



ARKANSAS DEPARTMENT OF HEALTH / RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM
Application for Temporary License PET/CT Cross-training

Instructions:

- Fill out this application in its entirety.
- This form may be photocopied.
- Please type or complete legibly using **black ink only**.
 - Colored ink does not show up after scanning forms into our system.
- **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.*

Staff Use:

Customer Number: _____

License Type: _____

License Number: _____

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

Complete Address: _____
(STREET) (CITY) (STATE) (ZIP) (COUNTY)

Date of Birth: _____ Social Security Number: _____

E-Mail: _____ Personal Phone _____

Name of Business/Facility _____ Work Phone _____

Work Address _____

Veteran Status: Are you or your spouse a veteran? ☐ Yes ☐ No

Please indicate your current certification or registry number and include a copy of your current ARRT or NMTCB card. You **must** be certified by one of the below to apply for a temporary licensure to cross-train in PET or CT.

(ADH Radiologic Technology Licensure)

number here

Radiologic Technologist Certification ARRT (R) Registry # _____ RTL # _____

Radiation Therapy Certification ARRT (T) Registry # _____ RTL # _____

Nuclear Medicine Technology Certification ARRT (N) Registry # _____ RTL # _____

NMTCB Certification NMTCB # _____ RTL # _____

Pet/CT Temporary \$90.00 / for two-year term

The Temporary License for cross-training in PET-CT is **valid for a two-year period**.

The expiration date for this Temporary License will be 24 months from the start date below:



Cross training start date _____

AGREEMENT

1. I, the undersigned ARRT(N), ARRT(T), or NMTCB or ASCP(N) Nuclear Medicine Licensee applicant, understand that by signing this agreement, I **must** pass the ARRT(CT) or NMTCB (CT) examination before the expiration of this Temporary License, which is valid for a two-year period from my application start date. I must submit evidence of certification in CT in order to continue working in CT. This temporary license is non-renewable.

Furthermore, I understand that I am responsible for meeting eligibility requirements set forth by the ARRT or NMTCB for the CT examination.

Printed Name: _____ Date: _____

Signature: _____

Questions:

Direct questions to Radiologic Technologist Licensure Program

Phone: (501)661-2301

email address: radiation.administration@arkansas.gov

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