RC Form 703
(08/2026)

ARKANSAS DEPARTMENT OF HEALTH
RADIATION CONTROL SECTION

**RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM**

## Application for Temporary License CT/PETCT Cross-training

**Instructions:** Fill out this application in its entirety. This form may be photocopied. Please type or complete legibly using black or blue ink only.
**Note: 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.

Date: Social Security Number:

Name: Birth Date:

Home Address:
Street City State Zip

Personal Email Address:

Name of Workplace:

Business Address:
Street City State Zip

Home/Cell Telephone: Work Telephone:

**Veteran Status, check all that apply:**

☐ Applicant

☐ Spouse

☐ 1. Active-duty military service members stationed in the State of Arkansas?

☐ 2. Returning veterans applying within one year of discharge?

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.

| | **National Credential No.** | **AR Dept. of Health License No.** |
|---|---|---|
| Radiation Therapy Certification | **ARRT (T) Registry #** | **RTL02#** |
| Nuclear Medicine Technology Cert. | **ARRT (N) Registry#** | **RTL03 #** |
| Nuclear Medicine Technology Cert. | **NMTCB Credential #** | **RTL03 #** |
| Nuclear Medicine Technology Cert. | **ASCP (N) Credential #** | **RTL03 #** |

**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 to continue working in CT. This temporary license may be renewed one time.

   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: 07/09/2026

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,