

**RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM**

**Application for Licensure**

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**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.

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Date: Social Security Number:

Name: Birth Date:

Home Address: Street City State Zip

Home/Cell Telephone: Work Telephone:

Personal Email Address:

Employer:

Employer Address: Street City State Zip

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

- |                                    |                                                                                                   |
|------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Active-duty military service members stationed in the State of Arkansas? |
| <input type="checkbox"/> Spouse    | <input type="checkbox"/> Returning veterans applying within one year of discharge?                |

**TYPE OF LICENSE:**

- |                                                                                                                             |                    |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------|
| <input type="checkbox"/> Temporary License – attended fully accredited Radiography Program                                  |                    |
| <input type="checkbox"/> Temporary License – on the job training                                                            |                    |
| <input type="checkbox"/> Radiologic Technologist Licensure R.T.(R)(CT)(M)                                                   | Credential Number: |
| <input type="checkbox"/> Radiation Therapy Licensure R.T.(T)                                                                | Credential Number: |
| <input type="checkbox"/> Nuclear Medicine Licensure R.T.(N) CNMT/ NMTCB (CT)                                                | Credential Number: |
| <input type="checkbox"/> Cardiac Electrophysiology Specialist License(RCES, and IBHRE)                                      | Credential Number: |
| <input type="checkbox"/> Invasive Cardiovascular Specialist License(RCIS, and IBHRE)                                        | Credential Number: |
| <input type="checkbox"/> <i>Limited Licensed Technologist Licensure (Non-ARRT, Non-NMTCB, must pass Limited Scope Exam)</i> |                    |

**\*Definitions** of license types are available at <https://codeofarrules.arkansas.gov/> under 17 CAR § 49-102

### Educational Information

Have you satisfactorily completed an **accredited course of study** in one of the following Radiologic Sciences? *Check Appropriate Box(s) Below*

- |                                                             |                                                                          |
|-------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Radiography                        | <input type="checkbox"/> Registered Cardiovascular Invasive Specialist   |
| <input type="checkbox"/> Nuclear Medicine                   | <input type="checkbox"/> Registered Cardiac Electrophysiology Specialist |
| <input type="checkbox"/> Radiation Therapy                  | <input type="checkbox"/> International Board of Heart Rhythm Examiners   |
| <input type="checkbox"/> Chiropractic Radiologic Technology |                                                                          |

If yes, complete the following:

Name of Accredited Program /School /College:

Your name at time of graduation:

Date of Graduation:

Program/School/College Address:

Date you passed the accrediting body examination:

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** ☐ Yes ☐ No

If yes, please include disposition paperwork.

### 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:

### **FEES**

#### **Radiologic Technologist, Radiation Therapist, Nuclear Medicine Technologist (ARRT, NMTCB)**

☐

\$45 for first category

☐

\$65 for two or more categories (fees not to exceed \$65). Please specify primary and secondary categories.

**\*\*Computed Tomography and Mammography are included in the Radiologic Technologist Scope of Practice, **do not** send additional fees.**

#### **Limited Specialty License (RCIS, RCES, or IBHRE)**

☐

\$45 A copy of current RCIS, RCES, or IBHRE credentials must be included with the application.

#### **Limited Scope Radiologic Technologist Licensed (must pass ARRT Limited Scope Examination)**

☐

\$45 for Primary license

☐

\$65 for Primary license with additional modalities (fees not to exceed \$65)

#### **Temporary License**

☐

\$45 for students enrolled in an accredited Radiography Program AND  
for limited Scope License candidates applying for one modality

☐

\$65 Limited Scope License candidates applying for more than one modality

#### **SEND COMPLETED APPLICATION WITH A CHECK OR MONEY ORDER TO:**

ADH/ Radiologic Technology Licensure Program  
Freeway Medical Building  
5800 W. 10<sup>th</sup> Street, Suite 401  
Little Rock, Arkansas 72204

- ✓ *Fees do not exceed \$65.*
- ✓ ***DO NOT*** send cash via the US Postal Service.
- ✓ *Checks or money orders submitted for an incorrect amount will be returned to applicant.*
- ✓ *If you are unsure of your fee total contact the RTL Program at 501-661-2301.*
- ✓ *Accredited Radiography Programs- Students graduating with a College Degree*

For additional information visit: <https://healthy.arkansas.gov/programs-services/licensing-military-member-licensure-permits-plan-reviews/radioactive-technology-licensure-program/>

For Radiologic Technology License Verification visit: <https://healthy.arkansas.gov/programs-services/licensing-military-member-licensure-permits-plan-reviews/radioactive-technology-licensure-program/radiologic-technology-licensure-verification/>