



APPEAL OF ASSESSMENT ADMINISTRATIVE PROCEDURES FOR CONTINUING QUALIFICATIONS REQUIREMENT (CQR)

INSTRUCTIONS

Use this form to report a negative experience while taking your assessment. Do not use this form to appeal assessment results. You may request a review of your assessment administration procedures if you believe that your assessment was administered in a manner that substantially deviated from normal testing procedures.

TO FILE AN APPEAL WITH ARRT

- (1) Print legibly and complete the form. Illegible or incomplete forms will be returned.
- (2) Notify ARRT in writing of any negative situation(s). Fax the form to ARRT at 651.687.0349 within two business days from the date of your assessment.
- (3) Be as detailed and precise as possible regarding the specific nature of what you believe to be a deviation from standard testing procedures or test center protocol. Use additional pages if necessary.
- (4) Submit all the requested information using the form on the following page.
- (5) Allow ARRT 30 days to investigate the matter and respond to you in writing.

NOTE

- ARRT will only investigate grievances submitted in writing.
- ARRT must receive written notification faxed within two days from the date of your assessment administration.
- You will be notified in writing of the outcome of the investigation.
- Findings of appeals are not discussed over the phone.
- Under no circumstances will your results be adjusted based upon the findings of the review.
- If ARRT finds evidence that your assessment was administered in a manner that substantially deviated from normal assessment procedures, your results may be canceled, and you may be assigned a new assessment window at no cost.



APPEAL OF ASSESSMENT ADMINISTRATIVE PROCEDURES FOR CONTINUING QUALIFICATIONS REQUIREMENT (CQR)

Read instructions on the reverse side before completing this application.

This form may NOT be used to appeal assessment results.

ARRT ID Number

Please provide your name as it is listed on your ARRT online account.

Last Name

First Name

Middle Initial

Street Address 1

Street Address 2

City

State

Zip

Phone

Email

If email is provided, you will receive an email confirmation upon receipt of your written appeal.

ASSESSMENT DISCIPLINE

Please select one.

- Radiography
- Nuclear Medicine Technology
- Radiation Therapy
- Magnetic Resonance Imaging
- Sonography
- Mammography
- Computed Tomography
- Bone Densitometry
- Cardiac-Interventional Radiography
- Vascular-Interventional Radiography
- Vascular Sonography
- Breast Sonography
- Registered Radiologist Assistant

Date of Assessment
MO DA YR

Assessment Center Location: City State

OR Country

Online Proctored: Location

INCIDENT REPORT

Provide clear, detailed, accurate information to help ARRT investigate your appeal thoroughly; use additional paper as needed. Please type or write legibly.
