



INSTRUCTIONS

Use this form to report a negative experience while taking your examination. Do not use this form to appeal an examination score. ARRT makes every effort to assure that examinations are fairly administered in a comfortable and safe environment. Candidates may request a review of exam administration procedures if they believe that an examination 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 examination.
- (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.
- (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 exam administration and before the candidate's official examination results are processed.
- Candidates will be notified in writing of the outcome of the investigation.
- Findings of appeals are not discussed over the phone.
- Under no circumstances will a candidate's score be adjusted based upon the findings of the review.
- If ARRT finds evidence that the exam was administered in a manner that substantially deviated from normal testing procedures, the original score will be canceled, and the candidate will be assigned a new examination window at no cost.



APPEAL OF EXAM ADMINISTRATIVE PROCEDURES

Read instructions on page 1 before completing this application.

This form may NOT be used to appeal an examination score.

ARRT ID Number or State ID #

Please provide your name as it is listed on your Candidate Status Report (CSR) for the exam.

Candidate Last Name

Candidate 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.

EXAM DISCIPLINE

Please select one.

- Radiography
- Nuclear Medicine Technology
- Radiation Therapy
- Magnetic Resonance Imaging
- Sonography
- Mammography
- Computed Tomography
- Quality Management
- Bone Densitometry
- Cardiac-Interventional Radiography
- Vascular-Interventional Radiography
- Vascular Sonography
- Breast Sonography
- Registered Radiologist Assistant
- Limited Scope
- BDEO
- California State Exam
- Fluoroscopy

Date of Exam
MO DA YR

Test Center Location: City State

Country

INCIDENT REPORT

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