



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, or mail to 1255 Northland Drive, St. Paul, MN 55120 **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 postmarked or faxed **within two business 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 the reverse side 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.

- D 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.
