



THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®

EXAM DEVELOPMENT VOLUNTEER BIODATA

INSTRUCTIONS

Return this form along with the ARRT Exam Development Activity Preference Form via email to volunteers@arrt.org, fax to 651.681.3298, or mail to ARRT, Attn: Psychometric Services, 1255 Northland Dr., St. Paul, MN 55120.

NAME: _____ TELEPHONE: _____ home
 ADDRESS: _____ work
 _____ cell

Email: _____

EDUCATION:

Institution	Degree/Certificate	Area of Study
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EMPLOYMENT HISTORY:

Organization	Dates	Job Title
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PROFESSIONAL AFFILIATIONS, LICENSURES, & CERTIFICATES: *list all relevant to radiologic technology*

OTHER: *awards, service, special interests*

OPTIONAL SUMMARY STATEMENT: *Highlight strongest skills and area of professional expertise*
