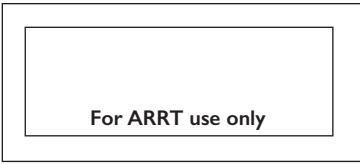




## INSTRUCTIONS

- (1) Print legibly and complete the form. Illegible or incomplete forms will be returned.
- (2) Have your signature notarized.
- (3) Include a photocopy of your current ARDMS or NMTCB credential card with this form.
- (4) Mail the original form (photocopies not accepted) to ARRT, Initial Certification Department, 1255 Northland Drive, St Paul, MN 55120-1155
- (5) Online account access forms are processed within a few days of receipt by ARRT. You will receive notification and access instructions via mail with 7 to 12 business days.
- (6) Contact the Initial Certification Department with questions: 651.687.0048, ext. 8560.



# ONLINE ACCOUNT ACCESS FORM

## Read instructions in this document before completing this application.

Name on application must be legal name and match name on two IDs presented at test center. See handbook for details.

Last Name

First Name

Middle Name or Initial

Street Address 1

Street Address 2

City  State/Prov  Zip/PC

Birthdate and social security number must be provided for purposes of positive identification.

Birthdate     -  -   or  Male  Female   
MO DA YR U.S. Social Security Number No SSN (US citizens only) (Not a US Citizen)

## Have you previously submitted an application for ARRT certification and registration in radiography, nuclear medicine technology, radiation therapy, sonography or magnetic resonance imaging, or a pre-application to determine eligibility?

No  Yes  If "yes," provide your ARRT number and any previous names. ARRT ID Number   
Previous Name

## Complete all information above and attach photo. Then bring form to a notary office to have them complete the information below. In the presence of the notary, add your signature below.

### NOTARY

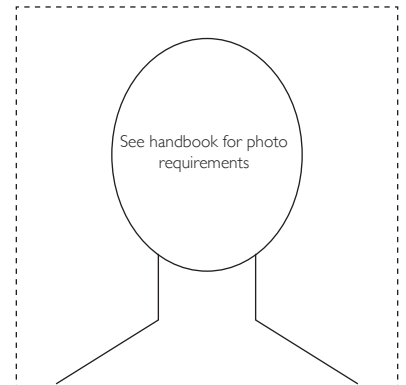
NOTARY, PLEASE NOTE: Photograph of candidate must be attached prior to notarizing.

Before me personally appeared \_\_\_\_\_  
to me known to be the person described in the above application, who signed the  
foregoing instrument in my presence, and made oath before me to the accuracy of the  
statements set forth herein, on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

(Notary Public Signature – NOTE: no stamped signatures; separate notary acknowledgement papers are allowed)

NOTARY  
STAMP/SEAL

Attach photograph with clear tape,  
top and bottom. Do not staple.



Passport-quality photograph as described in  
Certification and Registration Handbook under  
"Application Procedures."

### NOTE: The declaration below must be signed in the presence of a Notary Public.

I DECLARE THAT ALL THE DATA APPEARING ON THIS APPLICATION ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(Applicant Signature)