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 or provide your ID number on this form.

(4) Mail the original form (photocopies not accepted) to ARRT, Education Requirements 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 within 7 to 12 business days.

(6) Contact the Education Requirements Department with questions: 651.687.0048, ext. 8560.
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                      NMTCB
First Name                      ARDMS
Middle Name or Initial
Street Address 1
Street Address 2
City                                                                 State/Prov
Zip/PC

Birthdate                                                          –            –                        or                           Male              Female
MO       DA       YR         U.S. Social Security Number                        No SSN

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

Which discipline will you be pursuing?  √ R  √ N  T  S  √ MR  CV  M  CT  QM  BD  VS  CI  VI  BS  √ RRA

Complete all information above and attach photo. Then bring form to a notary 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)

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)                (Date)

THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS® | Online Account Access Form

DO NOT WRITE IN THE SPACE BELOW. FOR OFFICE USE ONLY.  
Verified by:  Input by:

INCODE:  Fee received:  

FORM JAN 2019