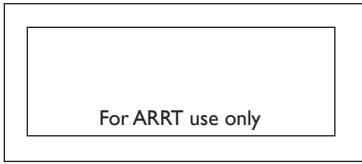




INSTRUCTIONS

- (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.



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 NMTCB

First Name ARDMS

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

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 M CT BD VS CI VI BS

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

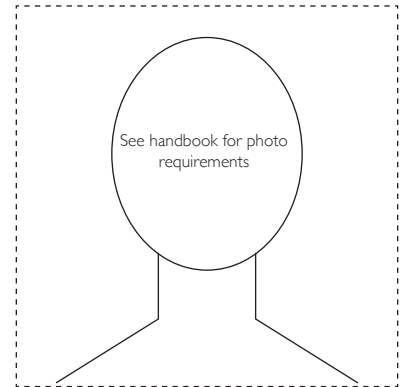
NOTARY, PLEASE NOTE: Photograph of candidate must be attached prior to notarizing.

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)

NOTARY
STAMP/SEAL

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



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

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)