



## INSTRUCTIONS

- (1) If you recently passed an ARRT examination and you're waiting for your new certificate:
  - If you have not received it by mail within 30 days of passing the examination, call us at 651-687-0048, ext. 8560. We'll want to make sure the postal service has had enough time to get it to you.
  - If you have not received it by mail within 60 days of passing the examination and you did not change your address, call us at 651.687.0048, ext. 8560.
- (2) Print legibly and complete the form. Illegible or incomplete forms will be returned without processing.
- (3) The duplicate examination results packet contains, your score report, credential card, and certificate.
- (4) You must be currently certified and registered to request a duplicate examination results packet.
- (5) Indicate the discipline for which you are requesting results in the "Request Statement" section. ARRT will automatically mail your results to the address on file.
- (6) The results and certificate will bear your legal name as currently on record, along with your original certificate date and number.
- (7) If your name has changed, you must include documentary evidence of your name change (copy of marriage certificate, etc.) and a Name Change Form downloadable from your ARRT online account's "Settings" page. The new name to be printed on the duplicate certificate should be printed clearly.
- (8) Have your signature notarized.
- (9) Enclose a personal check or money order for \$26.00 for each discipline you are requesting.
- (10) Mail the original application (photocopies not accepted) to ARRT, Education Requirements Department, 1255 Northland Drive, St Paul, MN 55120-1155.
- (11) Contact us with questions: 651.687.0048, ext. 8560.
- (12) Allow three to four weeks for delivery.



# DUPLICATE EXAMINATION RESULTS PACKET AUTHORIZATION

Read instructions on the reverse side before completing this authorization.

ARRT ID Number       U.S. Social Security Number   -   -     Birthdate        
MO DA YR

Last Name

First Name  Middle Initial

Street Address 1

Street Address 2

City  State  Zip

If your name has changed, please provide name as originally certified. (For ARRT verification)

Last Name

First Name  Middle Initial

## REQUEST STATEMENT: FILL IN THE BLANKS BELOW

I would like to request a duplicate results packet for the \_\_\_\_\_ discipline.  
(i.e. Radiography, Radiation Therapy, etc.)

## NOTARY

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  
STAMP/SEAL

(Notary Public Signature)

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

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

(Authorization Signature)

MO DA YR