Upon request, ARRT can provide verification of education, dates of attendance, and the name and location of the program that you attended.

**INSTRUCTIONS**

1. Print legibly and complete the form. Illegible or incomplete forms will be returned without processing.
2. If you want verification for two or more disciplines (primary pathway only), circle them on the form.
3. We'll mail the verification to you, unless you check the appropriate box and give us the name and address of another person or organization.
4. Check the appropriate box if you'd like us to include your certification and registration exam scores.
5. If you're currently certified and registered with ARRT, your verification is free of charge. If you aren't certified and registered, enclose a personal check or money order, payable to ARRT, for $100. No information can be provided regarding certification and registration.
6. Mail the request (and check, if applicable) to:
   
   ARRT Education Requirements Department  
   1255 Northland Drive  
   St. Paul, MN 55120-1155

7. If no payment is required, the request form can be faxed to: 651.994.8510.
8. Allow 2 to 3 to weeks for delivery.
Read instructions on page 1 before completing this application.

ARRT ID Number: [ ]
U.S. Social Security Number: [ ] – [ ] – [ ]
Birthdate: [ ] [ ] [ ]

Last Name: [ ]
First Name: [ ]
Middle Initial: [ ]
Street Address 1: [ ]
Street Address 2: [ ]
City: [ ]
State: [ ]
Zip: [ ]
Phone: [ ] – [ ] – [ ] Ext.: [ ]

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

Last Name: [ ]
First Name: [ ]
Middle Initial: [ ]

1. Circle the primary discipline(s) that you're requesting education verification:
   - Radiography
   - Nuclear Medicine Technology
   - Radiation Therapy
   - Magnetic Resonance Imaging
   - Sonography

2. Check this box if you would like the exam score included with the verification: [ ]

3. Check this box if you would like the verification sent to your address listed above: [ ]

4. Check this box if you would like the verification sent to a third party and provide their address below: [ ]

   Name / Company: ____________________________
   Attn: ____________________________
   Street Address: ____________________________
   City: __________ State: ______ Zip: __________
   Ext: [ ]

5. ____________________________
   (Your Authorizing Signature)
   MO [ ] DA [ ] YR [ ]

6. I am not currently certified and registered with ARRT and have enclosed my $100 education verification fee: [ ]

THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS® | Request for Verification of Education

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FORM SEPTEMBER 2019