## Instructions for completing the Application for New York State Radiologic Technologist Licensure

## Please submit the following items:

- 1.) A completed application. *Incomplete applications will be returned*.
- 2.) A check or money order made payable to *New York State Department of Health* in the amount of \$120.00.
- **3.)** Proof of having passed the American Registry of Radiologic Technologists (ARRT) examination and/or the Nuclear Medicine Technology Certification Board (NMTCB). An applicant may provide proof by submitting a copy of any one of the following documents:
  - ARRT or NMTCB certificate
  - Current wallet card
  - Passing examination score of 75 or higher
- **4.)** Submit a copy of school certificate/diploma or transcript. If the date of graduation was more than ten years ago, then submit a resume that clearly shows employment as a radiologic technologist. Applicants with training in the Armed Forces are directed to submit a copy of discharge papers (DD214) and a school certificate showing graduation from a radiologic technology program as listed below:

Military Branch	Required Forms	Type of Endorsement
Air Force	STTC Forms	Final Endorsement
Army	Diploma	<b>Endorsement of Program Director</b>
Navy	NEC-8452 Certificate	<b>Endorsement of Program Director</b>

- **5.)** All supporting documentation required for submission. The specifics are clearly communicated in the form. This includes any documentation related to criminal convictions.
- **6.)** Applicants who are licensed by a state that uses the ARRT examination as the state licensing examination must also submit a copy of their state license. Applicants who are licensed by a state that does not use the ARRT examination, must first obtain ARRT certification before applying to New York State.

## NOTES

- If your license or school documentation is in a different name, please include a copy of **Legal proof of name <u>change</u>** such as a marriage certificate or divorce decree.
- Section 5 of the NYS Tax Law requires that the NYS DOH record the social security number or taxpayer ID for any person to whom a license is issued. Your application will not be processed unless a valid social security number or taxpayer ID is listed in Item 1 of the form.
- If you need to apply to the ARRT, please contact them directly: American Registry of Radiologic Technologists

1225 Northland Drive St. Paul, MN 55120-1155 651-687-0048 www.arrt.org New York State Department of Health Bureau of Environmental Radiation Protection Corning Tower - Empire State Plaza 12th Floor Albany, NY 12237 518-402-7580 | berp@health.ny.gov

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## Application for Radiologic Technologist Licensure

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Applicant Information				
Make check payable to New York State Department of Health in the amount of \$120.00.				
Type of License (check only one option): Radiography Therapy Nuclear Medicine				
1.) Social Security Number 2.) Gender Male Female				
3.) Last Name First Name M.I.				
4.) Mailing Address   Number, Street, Apartment Number				
City State Zip Code				
5.) Date of Birth  6.) County of Residence				
Month Day Year				
7.) Phone Number				
Primary/Home Phone Business/Cell Phone  8.) Email				
Education				
9.) Do you have a certificate from the American Registry of Radiologic Technologist (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB)?  If yes, please attach proof of certification.				
10.) Have you successfully completed an accredited course of study in Radiologic Technology? Yes  If you expect to complete a course within three months, you may answer yes.				
Name and address of school:  Dates attended (Month/Year)				
From To				
Include a copy of your diploma or transcript. If you completed this course over ten years ago, attach a resume				
of your experience since graduation.				

Convictions A conviction is n	ot an automatic bar to licensure.	Each case is consid	lered on its individual merits.
delinquent, have you e	ever been convicted of one or more vior, illegal possession or the use of	e criminal offenses	ender, wayward minor, or juvenile involving a threat or use of physical aud, or received an other than honorable
• • • •	details for all charges. Include cop cate of Relief from Disabilities or		nts from the court including Certificate d Conduct.
Child Support Stat You must comple	<b>ement</b> ete this section. If you do not com	plete it, your appli	cation will be returned.
	g for a professional license, permi as of the date of the filing, she or		r any renewal thereof, must file a der an obligation to pay child support*.
subpoena or warrant re business, professional,	elating to a paternity or child supp drivers and/or recreational licens cose of frustrating or defeating the	oort proceeding may es and permits. The	have failed to comply with a summons, y be subject to suspension of their e intentional submission of false written nt of support obligations is punishable
not in compliance with			ch you have applied. Individuals who are a credential for no more than six months
A. I am not under ob	oligation to pay child support.		
B. I am under obliga	ation to pay child support, and (	(please check only	one of the following options)
I am current and	d am not four months or more in arr	rears in the payment	t of child support.
☐ I am making pa	yments by income execution or by	court agreed payme	ent plan or by a plan agreed to by the parties.
The child suppo	ort obligation is the subject of a pen	ding court proceedi	ng.
I am receiving p	oublic assistance or supplemental se	ecurity income.	
None of the abo	ve four statements apply.		
*New York State Gen	neral Obligations Law, Section 3	503	
Declaration - Your	application will not be proce	ssed without an	original signature below.
documents have been that a false statement		of my knowledge the cause for suspe	are true and correct. I further understand ension or revocation of any license
Date	Signature of Applic	cant	Previous Name (if any)

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