



ELIGIBILITY APPEAL REQUEST FORM

INSTRUCTIONS

- Use this form to request an eligibility appeal.
- Print this eligibility appeal form, complete, sign, date and attach supporting documentation.
- Send the completed form and any supporting documentation to ARRT at:
 - Fax: 651.681.3295 OR
 - Mail: ARRT, ATTN: Eligibility Appeals, 1255 Northland Drive, St. Paul, MN 55120
- Form is required to proceed in eligibility appeal process – asterisked criteria are mandatory.
- Clearly indicate on a separate piece of paper what you are appealing and the actions you are requesting ARRT to consider.
- Incomplete or illegible forms will not be accepted for processing.
- Call ARRT at 651.687.0048 with any questions regarding form completion or appeal process.

Appeals will be assigned a confirmation tracking number. All eligibility appeals receive written decision letters. Appeal decisions will not be provided by calling ARRT. Please allow 45-60 business days from the appeal receipt date for the final decision.

Have you submitted an appeal request previously for this issue or is this the initial request?

*Check a Level of Appeal (initial or subsequent submissions): First (F) Second (S) Third/Final (T)

Do you have supporting documentation? (e.g., Continuing Education (CE) certificate of completion, military deployment/commanding officer letter, obituary, FLMA, unemployment benefit insurance, police report of MVA, medical admission/discharge/visit summary).

If you have supporting documentation, it must be on professional business letterhead for authenticity. Please attach.

*First Name _____ Middle Initial _____ *Last Name _____

*Street Address _____ *City _____ *State _____ *ZIP _____ - _____

*Date of Birth ____ / ____ / ____ Country of Residence _____ *Phone / Ext. _____

*ARRT ID Number _____ State License ID No. (if applicable) _____

*Social Security Number (last 4 digits) _____ Fax No. _____

*Signature _____ *Date _____

Email _____

Eligibility Appeal Request Filing Deadlines:

- Eligibility Appeal Requests for examination or assessment administration must be received by ARRT within two business days of the date of administration.
- Exam or assessment rescore requests must be postmarked within 14 calendar days of the postmark date on the envelope in your score report arrives.

Deadlines For All Other Eligibility Appeal Request Types - Effective Jan. 1, 2023:

- First Level. Must be submitted within 600 calendar days of the event resulting in the individual being declared ineligible for certification and registration.
- Second Level. Must be submitted within 60 calendar days of the postmark date on the envelope of the First Level Eligibility Appeal decision letter.
- Third Level. Must be submitted within 60 calendar days of the postmark date on the envelope of the Second Level Eligibility Appeal decision letter.

If the appeal deadline has expired your ability to file an appeal is discontinued.

You may be eligible to file a next level of appeal within your appeal rights. Second and third appeal levels require additional evidence from the previous appeal submission to qualify for a review. There is a deadline to file an Eligibility Appeal Request per Level of Appeal, see deadlines listed above.



ELIGIBILITY APPEAL REQUEST FORM

Please specify: ARRT Exam SSA ABII Exam State Examinations

ARRT Disciplines (select which apply to this appeal)

- Bone Densitometry
- Breast Sonography
- Cardiac Interventional Radiography
- Cardiovascular Interventional Radiography
- Computed Tomography
- Magnetic Resonance Imaging
- Mammography
- Nuclear Medicine Technology
- Quality Management
- Radiation Therapy
- Radiography
- Registered Radiologist Assistant
- Sonography
- Vascular Interventional Radiography
- Vascular Sonography

State Examinations Administration (select which apply to this appeal) Only Exam Administration and Rescore can be appealed for these candidates

- Bone Densitometry Equipment Operator
- California Dental Laboratory Radiography
- California Supervisor and Operator Dermatology
- California Supervisor and Operator Radiography
- Fluoroscopy
- Limited-Scope of Practice in Radiography

Date of Exam or Assessment Administration ____/____/____ (if applicable)

Location of Examination or Assessment Administration (check all that apply)

Pearson VUE Test Center Location: City: _____ State: _____

Online: Home Office Other: _____

*REASON FOR ELIGIBILITY APPEAL REQUEST

Check department box.

Obtaining Certification and Registration eligibility: Circle Issue

- Missed Deadline
(Health, Hospitalization, Caregiver, Military, Request for 4th or retake of exam attempt, Emergency: Incapacitated within 24 hours of exam, Other)
- Exam Window Extension request
(Health, Hospitalization, Caregiver, Military, Request for 4th or retake of exam attempt, Emergency: Incapacitated within 24 hours of exam, Other)
- Exam Rescore Request – delivery by mail only. Non-refundable \$25 fee. Make check or money order payable to ARRT. Rescore requests completed on the most recent exam administration only. Rescore requests must be postmarked within 14 calendar days of the postmark date on the envelope in our score report arrives.
- Administration of Exam or Assessment – ARRT must receive written notification faxed within two business days from the date of the exam or assessment and before the candidate's official examination or assessment results are processed.
- Other. Use additional paper and type a description

Maintaining Credentialing: Circle Issue

- CE Probation (Renewal missed, Short CE, CE Outside of biennium, Rereporting CEs, Audit, Health, Hospitalization, Caregiver, Military, Other)
- Reinstatement (Renewal missed, Short CE, CE Outside of biennium, Rereporting CEs, Audit, Health, Hospitalization, Caregiver, Military, Other)
- SSA: Test Center or Online Proctored (Incapacitated within 24 hours, Internet connection, Delivery, Environment, Equipment, Other)
- CQR: (CE Prescription, SSA results, Past 10-year deadline, Other)
- Other. Use additional paper and type a description
- Certificate of Recognition request for printed Award.

Incomplete or illegible forms will not be accepted for processing. All sections containing an asterisk (*) must be completed.

Please attach appeal supporting documentation: timeline, hospital/clinic notes or work release, police/DOT report, Continuing Education (CE) certificate of completion, military deployment/commanding officer letter, obituary, etc.

DESCRIPTION OF ELIGIBILITY APPEAL

Please use additional paper and type a description of the basis for your appeal being as detailed and precise as possible.

*Clearly state what you are appealing and actions you are requesting ARRT to take on your behalf.

Please send your Eligibility Appeal Request form to:

Fax: 651.681.3295 or Mail: ARRT, ATTN: Eligibility Appeals, 1255 Northland Drive, St. Paul, MN 55120