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## INSTRUCTIONS

This form is for non-R.T.s who hold a credential in Nuclear Medicine Technology from the NMTCB or in Sonography from the ARDMS and are interested in pursuing an ARRT credential.

- (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. Select the option for earning an ARRT credential.

For ARRT use only



# ARRT ONLINE ACCOUNT ACCESS FORM FOR NON-R.T.S

## 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	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	or	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Gender	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
	MM	DD	YYYY		U.S. Social Security Number			No SSN		M	F	Prefer Not To Respond
					(US citizens only)			(Not a US citizen)				

## 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? ☐ MR ☐ M ☐ CT ☐ BD ☐ VS ☐ CI ☐ VI ☐ BS

**Complete all information above. Then bring form to a notary to have them complete the information below. In the presence of the notary, add your signature below.**

## 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 Public Signature – NOTE: no stamped signatures; separate notary acknowledgement papers are allowed)

**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)

NOTARY  
STAMP/SEAL