



## REQUEST FOR VERIFICATION OF EDUCATION (PRIMARY PATHWAY ONLY)

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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 will mail the verification to you, unless you indicate a 3rd party.
- (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.



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**Read instructions on page 1 before completing this application.**

ARRT ID Number       U.S. Social Security Number   -   -     Birthdate         
MM DD YYYY

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 \_\_\_\_\_

5. \_\_\_\_\_         
(Your Authorizing Signature) MM DD YYYY

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