THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS®

STUDENT ONLINE ACCOUNT ACCESS FORM

INSTRUCTIONS

(1) Print legibly and complete the form. Illegible or incomplete forms will be returned.

(2) Bring the completed form to your educational program director to complete the bottom of the form.

(3) Mail the original form to ARRT, Education Requirements Department, 1255 Northland Drive, St Paul, MN 55120-1155 or fax to 651.994.8510.

(4) 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.

(5) Contact the Education Requirements Department with questions: 651.687.0048, ext. 8560.

For ARRT use only

STUDENT ONLINE ACCOUNT ACCESS FORM

Read instructions on the reverse side 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

First Name

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 MO DA YR U.S. Social Security Number (SSN) (US citizens only) – – or No SSN (Not a US citizen) Gender M F X (Choose X as a gender-neutral alternative)

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? ☐ R ☐ N ☐ T ☐ S ☐ MR ☐ M ☐ CT ☐ BD ☐ VS ☐ CI ☐ VI ☐ BS

I understand that I must have my program director's authorization to complete postprimary clinical experience requirements while enrolled in a primary category educational program. I further understand that each postprimary discipline has specific professional education requirements for certification and registration (see Section 2.03 in the *ARRT Rules and Regulations*).

Student Signature Date

Complete all information above. Then bring the form to your educational program director for completion of the information below.

The student named above is currently enrolled in the educational program identified below. I understand that the student will be obtaining clinical experiences in a postprimary discipline and verify the attainment of these clinical experiences does not violate any program, school, clinical education setting, and/or state regulations.

Program Director Signature Date

Name of Education Program ARRT School #

Address of Sponsoring Institution Projected Completion Date