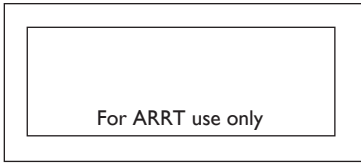




INSTRUCTIONS

- (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.



ONLINE ACCOUNT ACCESS FORM

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.

Form fields for Last Name, First Name, Middle Name or Initial, Street Address 1, Street Address 2, City, State/Prov, Zip/PC, NMTCB, and ARDMS.

Birthdate and social security number must be provided for purposes of positive identification.

Form fields for Birthdate (MM, DD, YYYY), U.S. Social Security Number (US citizens only), No SSN (Not a US citizen), and Gender (M, F, X).

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?

Form fields for No/Yes selection, ARRT ID Number, and 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)

NOTARY STAMP/SEAL

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)