



ETHICS VIOLATION REPORT FORM

If you are a Registered Technologist and you think you may have violated our Rules of Ethics--or you're aware of behavior by someone else that might constitute an ethics violation--it's important to report the activity to ARRT. Use this form to report a potential violation of *ARRT's Standards of Ethics*.

If you're a student, **don't** use this form. Instead:

- If you have *more* than eight months left until graduation, submit an [Ethics Preapplication form \(https://www.arrt.org/ethics-preapp\)](https://www.arrt.org/ethics-preapp).
- If you have *fewer* than eight months left until graduation, answer the ethics questions on your application, then send supporting documentation.

Provide as much information as possible to assist ARRT's review.

Technologist's information

Name: _____ ARRT ID#: _____
Last First M.I.

DOB: _____ Job Title: _____

Technologist's Address: _____

Date(s) of Incidents: _____ Date of Discovery (if different from date of incident) _____

Was violation work-related? Yes No, skip this section

Name and Address of Facility/Location Incident Occurred: _____

Was the incident(s) reported to another agency or law enforcement? Yes No Unsure

If Yes, to whom was it reported? _____ On what date was it reported _____

Case #: _____ What was the outcome? _____

Are you reporting yourself? Yes, skip this section No, complete this section

Your Name: _____
Last First M.I.

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Best Time to Call: _____

Your relationship to Technologist: _____



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If the allegations in your report are determined to be potential violations of *ARRT's Standards of Ethics*, an investigation may be opened. Please note that although ARRT accepts anonymous reports, we cannot guarantee anonymity. ARRT may contact you for additional information or clarification of the circumstances noted in your report. If no contact information is provided, the ability for ARRT to move forward with an investigation may be limited.

* Please complete the Narrative of Incident(s) on the following page with your description of the incident. Include any supporting documents, if available. NOTE: Please do not include any sensitive information (e.g., medical records, social security number, driver's license, and protected health information), graphic pictures, etc.

NARRATIVE OF INCIDENT(S)

Please provide a legible narrative of incident(s) below (use additional paper if necessary):

Are you a Registered Technologist? Yes, continue below No, skip this section

If the violation you are reporting occurred more than 30 days from the date of you submitting this form, please include an explanation for delayed disclosure.



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I certify that the above information is true to the best of my knowledge.

Signature

Date

Printed Name

REPORT SUBMISSION

To submit this report to the American Registry of Radiologic Technologists® (ARRT®), please print this document and submit your report by one of the following methods:

Mail: ARRT, Attention: Ethics Requirements Department, 1255 Northland Drive, St. Paul, MN 55120-1155

Fax: Attention: Ethics Requirements Department, 651.687.0449

Email: ethicsnotifications@arrt.org

If you have any questions regarding this form, please contact the ARRT Ethics Requirements Department at 651.687.0048, and select the option for Ethics Requirements.