



ATTESTATION OF EDUCATION AND PROFESSIONAL WORK EXPERIENCE

Note: Submit a separate attestation form for each place of employment.

CANDIDATE INFORMATION

Candidate Printed Name: _____

Signature: _____

Position(s) Held: _____

Company/Organization: _____

Employment Dates: From _____ to _____ Full-Time Equivalent (FTE): _____ (e.g. 0.5, 1.0)

CANDIDATE EDUCATION AND WORK EXPERIENCE REQUIREMENT (SELECT ONE)

☐ Doctoral or Master's Degree – Clinically practicing* as an R.T.(R)(ARRT) or RPA at present.

☐ Bachelor's Degree – Clinically practicing* as an R.T.(R)(ARRT) or RPA at present. In addition, requires least two (2) years of full-time equivalent work experience in medical imaging.

☐ Associate's Degree – Clinically practicing* as an R.T.(R)(ARRT) or RPA at present. In addition, requires at least four (4) years of full-time equivalent work experience in medical imaging.

Total Verified Experience (Years/Months): _____

Please attach a CV or resume and academic transcript(s) with this attestation. Both will be mailed to ARRT along with the Application for Certification and Registration.

SUPERVISOR INFORMATION

I, _____ (print supervisor's full name), the undersigned, hereby attest that
(candidate full name) _____ is currently employed and clinically practicing*
as an R.T.(R)(ARRT) or RPA in accordance with all state regulations and facility protocols and has completed the stated amount of professional work
experience in medical imaging, if required based on highest level of education completed.

I affirm that the information provided in this attestation is accurate and truthful to the best of my knowledge.

Supervisor Printed Name: _____

Signature: _____

Title: _____

Organization: _____

Phone Number: _____

Email: _____

Date: _____

*Clinically practicing means that the R.T.(R) or RPA is actually performing the medical imaging procedures rather than assisting, directing, teaching or helping.