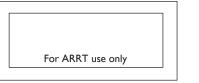


ARRT ONLINE ACCOUNT ACCESS FORM FOR NON-R.T.S

INSTRUCTIONS

This form is for non-R.T.s who hold a credential in Nuclear Medicine Technology from the NMTCB or in Sonography from the ARDMS and are interested in pursuing an ARRT credential.

- (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.





ARRT ONLINE ACCOUNT ACCESS FORM FOR NON-R.T.S

Read instructions in this document before completing the	• •	
Name on application must be legal name and match name on two IDs presented at test center. See har Last Name	ndbook for details.	NMTCB
First Name		ARDMS ARDMS
Middle Name or Initial		
Street Address I		
Street Address 2		
City State/Prov	Zip/PC	
Birthdate and social security number must be provided for purposes of positive identification. Birthdate	or No SSN (Not a US citizen)	Gender M F X (Choose X as a gender-neutral alternative)
Volume If "yes," provide your ARRT number and any previous Name Which discipline will you be pursuing? MR	S CI OVI OBS	
Complete all information above. Then bring form to a nota presence of the notary, add your signature below. NOTARY Before me personally appeared to me known to be the person described in the above appl foregoing instrument in my presence, and made oath before me statements set forth herein, on the day of	ication, who signed the	-
(Notary Public Signature – NOTE: no stamped signatures; separate notary acknowledgement papers are allowed) 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.	NOTARY STAMP/SEAL	
(Applicant Signature) (Date)		
THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS® ARRT Online Account Account	ess Form for Non-R.T.s	Page 2 of 2

FORM APRIL 2021