



ELIGIBILITY APPEAL REQUEST PROCESS

INSTRUCTIONS

Print, complete, sign and date the Eligibility Appeal Request form to request an eligibility appeal. Attach supporting documentation and send to:

Fax: 651.681.3295 OR

Mail: ARRT, ATTN: Appeal Process Administrator, 1255 Northland Drive, St. Paul, MN 55120

TO FILE AN ELIGIBILITY APPEAL WITH ARRT

- (1) Print legibly and complete all mandatory sections of the form. Illegible or incomplete forms will be returned without processing.
- (2) Be as detailed and precise as possible regarding the basis of your appeal. Use additional pages if necessary. Please include documentation supporting the basis for your appeal such as Continuing Education (CE) certificate of completion, military deployment letters, obituaries, etc.
- (3) Allow ARRT 30 business days after receiving your submission to consider the appeal. You will be notified in writing of the outcome. Findings of the appeals are not discussed over the phone.

ELIGIBILITY APPEAL DEFINITION

- An appeal is any request by an individual who has been deemed ineligible to obtain or maintain certification and registration due to the initial determination that one or more of the eligibility requirements has not been satisfied. This eligibility appeal request form should only be used for an appeal involving education or examination requirements. For appeal requests for Ethics Requirements see the ARRT *Standards of Ethics*.
- You may request an appeal if you believe there was a misapplication of eligibility in process or special circumstances that justify an additional amount of time needed to comply with requirements (i.e., when circumstances are beyond an individual's control).

APPEAL OF EXAMINATION ADMINISTRATIVE PROCEDURES

- ARRT makes every effort to ensure that examinations are fairly administered in a comfortable and safe environment. Candidates may request a review of examination administration procedures if they believe that an examination was administered in a manner that substantially deviated from normal testing procedures.
- Notify ARRT of any perceived deviations from normal testing procedures by submitting the Eligibility Appeal Request Form **within two business days from the date of examination administration**.
- Be as detailed and precise as possible regarding the specific nature of what you believe to be a deviation from standard testing procedures or test center protocol.
- If ARRT finds evidence that your examination was administered in a manner that substantially deviated from normal examination procedures, your results may be canceled and you may be assigned a new examination window at no cost.
- Under no circumstances will your results be adjusted based upon the findings of the review.

APPEAL OF CQR ASSESSMENT ADMINISTRATIVE PROCEDURES

- ARRT makes every effort to ensure that assessments are fairly administered in a comfortable and safe environment. Candidates may request a review of assessment administration procedures if they believe that an assessment was administered in a manner that substantially deviated from normal assessment procedures.
- Notify ARRT of any perceived deviations from normal assessment procedures by submitting the Eligibility Appeal Request Form **within two business days from the date of assessment administration**.
- If ARRT finds evidence that your assessment was administered in a manner that substantially deviated from normal assessment procedures, your results may be canceled and you may be assigned a new assessment window at no cost.
- Under no circumstances will your results be adjusted based upon the findings of the review.



ELIGIBILITY APPEAL REQUEST FORM

Instructions

- Use this form to request an eligibility appeal.
- Print this eligibility appeal form, complete, sign, date and attach supporting documentation.
- Send completed form and any supporting documentation to ARRT at:
 - Fax: 651.681.3295 OR
 - Mail: ARRT, ATTN: Appeal Process Administrator, 1255 Northland Drive, St. Paul, MN 55120
- **Form is required to proceed in eligibility appeal process – asterisked criteria are mandatory.**
- Incomplete or illegible forms will be returned without processing.
- Call ARRT at 651.687.0048 with any questions regarding form completion or appeal process.

Appeals will be assigned a confirmation tracking number. All eligibility appeals receive written decision letters. Please allow 30 business days from appeal receipt date for final decision.

Have you submitted an appeal request previously for this issue or is this the initial request?

*Check a Level of Appeal (initial or subsequent submissions): First (F) Second (S) Third/Final (T)

Do you have supporting documentation? (e.g., Continuing Education (CE) certificate of completion, military deployment/commanding officer letter, obituary.) Please attach.

Second and third appeal levels require additional evidence/documentation from the previous appeal submission to qualify for a review.

PLEASE PRINT LEGIBLY

*First Name _____ Middle Initial _____ *Last Name _____

*Street Address _____ *City _____ *State _____ *ZIP _____ - _____

*Date of Birth ____ / ____ / ____ Country of Residence _____ *Phone / Ext. _____

*ARRT ID Number _____ State License ID No. (if applicable) _____

*Social Security Number (last 4 digits) _____ Fax No. _____

*Signature _____ *Date _____

Email _____

Exam Discipline. Please specify: ARRT Exam State Exam ABII Exam

ARRT Disciplines (select which apply to this appeal)

- Magnetic Resonance Imaging
- Nuclear Medicine Technology
- Radiation Therapy
- Radiography
- Sonography
- Registered Radiologist Assistant
- Bone Densitometry
- Breast Sonography

- Cardiac Interventional Radiography
- Cardiovascular Interventional Radiography
- Computed Tomography
- Mammography
- Quality Management
- Vascular Interventional
- Radiography Vascular Sonography

State Examinations (select which apply to this appeal)

- Fluoroscopy
- California Dental Laboratory Radiography
- California Supervisor and Operator Dermatology
- California Supervisor and Operator Radiography
- Limited-Scope of Practice in Radiography
- Bone Densitometry Equipment Operator

Date of Exam or Assessment Administration ____ / ____ / ____ (if applicable)

Location of Examination or Assessment Administration (if applicable)

Pearson VUE Test Center Location: City: _____ State: _____

Online: Location; Home Work Other (please specify e.g., Library, School) _____



ELIGIBILITY APPEAL REQUEST FORM

*REASON FOR ELIGIBILITY APPEAL REQUEST

Check all that apply.

- Initial Certification and Registration eligibility (i.e., education, examination)
- Missed Deadline (i.e., health, death, emergency – incapacitated within 24 hours of exam, environment – natural disaster)
- Exam or Assessment Rescore Request – delivery method: mail only. Make check or money order payable to ARRT. Non-refundable \$25 fee.
- Administration of Exam or Assessment – ARRT must receive written notification faxed within two business days from the date of the exam or assessment and before the candidate’s official examination or assessment results are processed.
- CE Probation
- Reinstatement
- CQR
- CE Certificate of Recognition
- Other, please specify: _____

Incomplete or illegible forms will be returned. Please complete all sections containing an asterisk (*).

Please attach Appeal supporting documentation: timeline, hospital/clinic notes or work release, police/DOT report, Continuing Education (CE) certificate of completion, military deployment/commanding officer letter, obituary, etc.

DESCRIPTION OF ELGIBILITY APPEAL

Please use additional paper if necessary, to describe the basis for your appeal being as detailed and precise as possible.

Please send your Eligibility Appeal Request form to:

Fax: 651.681.3295 OR

Mail: ARRT, ATTN: Appeal Process Administrator, 1255 Northland Drive, St. Paul, MN 55120

INTERNAL INFORMATIONAL USE ONLY
 Correspondence method used: fax / mail / email _____ School Number _____
 Department assigned: IC / CE / CR / Exam or SSA Administration / ERAP