Upon request, ARRT can provide verification of education, dates of attendance, and the name and location of the program that you attended.

INSTRUCTIONS

(1) Print legibly and complete the form. Illegible or incomplete forms will be returned without processing.

(2) If you want verification for two or more disciplines (primary pathway only), circle them on the form.

(3) We will mail the verification to you, unless you indicate a 3rd party.

(4) Check the appropriate box if you’d like us to include your certification and registration exam scores.

(5) If you’re currently certified and registered with ARRT, your verification is free of charge. If you aren’t certified and registered, enclose a personal check or money order, payable to ARRT, for $100. No information can be provided regarding certification and registration.

(6) Mail the request (and check, if applicable) to:

ARRT Education Requirements Department
1255 Northland Drive
St. Paul, MN 55120-1155

(7) If no payment is required, the request form can be faxed to: 651.994.8510.

(8) Allow 2 to 3 to weeks for delivery.
REQUEST FOR VERIFICATION OF EDUCATION
(PRIMARY PATHWAY ONLY)

Read instructions on page 1 before completing this application.

ARRT ID Number ___________________________ U.S. Social Security Number ___________ – ___________ – ___________ Birthdate MM DD YYYY

Last Name ____________________________________________
First Name ____________________________________________ Middle Initial ___________
Street Address 1 ___________________________________________
Street Address 2 ___________________________________________
City ___________________________ State _______ Zip ___________
Phone ___________ – ___________ – ___________ Ext. ___________

If your name has changed, please provide name as originally certified. (For ARRT verification)

Last Name ____________________________________________
First Name ____________________________________________ Middle Initial ___________

1. Circle the primary discipline(s) that you’re requesting education verification:
   - Radiography
   - Nuclear Medicine Technology
   - Radiation Therapy
   - Magnetic Resonance Imaging
   - Sonography

2. Check this box if you would like the exam score included with the verification: ✔

3. Check this box if you would like the verification sent to your address listed above: ✔

4. Check this box if you would like the verification sent to a third party and provide their address below: ✔
   Name / Company ___________________________________________
   Attn ___________________________________________
   Street Address ___________________________________________
   City ___________________________ State _______ Zip ___________

5. ___________________________________________ (Your Authorizing Signature) MM DD YYYY

6. I am not currently certified and registered with ARRT and have enclosed my $100 education verification fee: ✔