INSTRUCTIONS
Print, complete, sign and date the Eligibility Appeal Request form to request an eligibility appeal after reviewing these instructions. 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. Please type on additional paper. Please include documentation supporting the basis for your appeal such as Continuing Education (CE) certificate of completion, military deployment letters, obituaries, FMLA, unemployment insurance, police report of MVA, medical records (admission/discharge/visit summary). Evidence must be on professional business letterhead for authenticity.
(3) Allow ARRT 45-60 business days after receiving your submission to consider the appeal. You will be notified in writing of the outcome.

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).

ELIGIBILITY APPEAL EXCLUSIONS
• Obtaining Certification and Registration Appeal Examination Score: Eligibility appeal must be filed prior to submitting a reapplication for further examination attempts for the same discipline. If a reapplication for examination is processed and the exam window is set, an eligibility appeal for a rescore will not be processed during the exam window.
• Obtaining Certification and Registration Application for Reinstatement for Certification and Registration by Examination and Eligibility Appeals Requested Concurrently: If an Application for Reinstatement by Examination is processed and the three-year eligibility window is set, an eligibility appeal for reinstatement will not be processed during this three-year eligibility window. If an eligibility appeal form has been submitted and a tracking number has been assigned to the case, the eligibility appeal will be voided if an Application for Reinstatement by Examination is processed.

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.
INSTRUCTIONS

• Use this form to request an eligibility appeal.
• Print this eligibility appeal form, complete, sign, date and attach supporting documentation.
• Send the completed form and any supporting documentation to ARRT at:
  o Fax: 651.681.3295 OR
  o 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. Appeal decisions will not be provided by calling ARRT. Please allow 45-60 business days from the 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, FLMA, unemployment benefit insurance, police report of MVA, medical admission/discharge/visit summary). Evidence must be on professional business letterhead for authenticity. 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 ____________________________________

Deadlines to file an Eligibility Appeal Request per Level of Appeal as of January 1, 2023:

• First Level. Must be submitted within 600 calendar days of the event resulting in the individual being declared ineligible for certification and registration.
• Second Level. Must be submitted within 60 calendar days of the postmark date on the envelope of the First Level Eligibility Appeal decision letter.
• Third Level. Must be submitted within 60 calendar days of the postmark date on the envelope of the Second Level Eligibility Appeal decision letter.
ELIGIBILITY APPEAL REQUEST FORM

Please specify: ☐ ARRT Exam ☐ SSA ☐ ABII Exam ☐ State Examinations

ARRT Disciplines
(select which apply to this appeal)

☐ Bone Densitometry
☐ Breast Sonography
☐ Cardiac Interventional Radiography
☐ Cardiovascular Interventional Radiography
☐ Computed Tomography
☐ Magnetic Resonance Imaging
☐ Mammography
☐ Nuclear Medicine Technology

Quality Management
Radiation Therapy
Radiography
Registered Radiologist Assistant
Sonography
Vascular Interventional Radiography
Vascular Sonography

State Examinations Administration
(select which apply to this appeal)
Only Exam Administration and Rescore can be appealed for these candidates

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

Date of Exam or Assessment Administration _____/_____/______ (if applicable)
Location of Examination or Assessment Administration (check all that apply)
☐ Pearson VUE Test Center Location: City:________________________ State:_____
☐ Online: ☐ Home ☐ Office ☐ Other:_____________________________

*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 ELIGIBILITY APPEAL

Please use additional paper and type a description of the basis for your appeal being as detailed and precise as possible.

*Clearly state what you are appealing and actions you are requesting ARRT to take on your behalf.

Please send your Eligibility Appeal Request form to:

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