



RADIOLOGIST ASSISTANT APPLICATION FOR CERTIFICATION AND REGISTRATION

Visit artt.org/ra-exam-dates for exam application postmarking deadlines.

INSTRUCTIONS

- (1) **Print One-Sided:** Print this application on one-sided print mode. Do not print on two sides.
- (2) **Print Legibly:** Forms with illegible print will be returned as incomplete.
- (3) **Complete and Return THREE Pages (Pages 4, 5 and 6):** Failure to provide complete and accurate information in each of the white boxes or to include the correct fee will result in an incomplete application, which will be returned. Photocopies of the completed application will not be accepted.
- (4) **Signatures:** We'll accept your signature within six months of the date it was signed. After that, we'll return it and request an updated one.
- (5) **Include Payment:** Application fee is \$225 in U.S. funds. Make check or money order payable to ARRT. Fee is not refundable or transferable. (Payment of fee is not deductible as a charitable contribution, but may qualify as an employee business expense deduction on your personal tax return. For more information, call the IRS Service Center at 800.829.1040.)
- (6) **Mail for Receipt before the Application Deadline to:** The American Registry of Radiologic Technologists, 1255 Northland Drive, St. Paul, MN 55120.
- (7) If you delay taking the exam after you complete your program, be aware that we periodically update our exam content specifications. You can find current specifications at artt.org. You might need to prepare for new content on the exam.
- (8) **For More Information:** Further information regarding reporting ethics requirements is available by calling ARRT at 651.687.0048 and selecting the option for ethics requirements.



CANDIDATE TO RETAIN FOR REFERENCE

I hereby apply to the ARRT for certification and registration in the discipline of radiologic technology indicated elsewhere on this application in accordance with and subject to the ARRT Rules and Regulations. I certify that I have read and understood the ARRT Standards of Ethics and the ARRT Rules and Regulations which are included as appendices to the current Certification & Registration Handbook and which are available on the ARRT website.

By signing this document and filing it with the ARRT, I understand and agree that:

- I am and at all times material have been in compliance with the ARRT Standards of Ethics;
- the ARRT may confirm the information contained in the application and may also request information relating to my education, training, employment, and personal history;
- the ARRT may, in the exercise of its discretion, conduct a criminal background check through an examination of public records;
- I am legally bound by and will abide by all the terms and conditions of this Application and Agreement and the ARRT Rules and Regulations and ARRT Standards of Ethics; and
- upon the issuance of a certificate to me, I shall become bound by the ARRT By-Laws and shall remain bound by the ARRT Rules and Regulations and ARRT Standards of Ethics, including, without limitation, provisions thereof pertaining to the denial or rejection of an application for renewal of certification and registration, the revocation or suspension of certification and registration, and the censure of a registrant.

I hereby certify that:

- the information given in this application is true, correct, and complete;
- I have read and accept the terms and conditions set forth in the ARRT Rules and Regulations and ARRT Standards of Ethics.

I understand and agree that:

- eligibility for the ARRT's certification and registration is determined by the ARRT and that each examination will be supervised by persons who are responsible to and are empowered by the ARRT to ensure that the examination is conducted ethically and in accordance with the ARRT Rules and Regulations.

I understand and agree that:

- any misrepresentation in this application or in any other document or other information I submit to the ARRT (including the verification of my identity when I submit this application and when I participate in the examination); and/or
- any offer of financial benefit to a Trustee, officer, employee, proctor, or other agent or representative of the ARRT in order to obtain a right, privilege, or benefit not usually granted by the ARRT to similarly situated candidates; and/or
- disclosing examination information using language that is substantially similar to that used in questions and/or answers from ARRT examinations when such information is gained as a direct result of having been an examinee or having communicated with an examinee; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, or anyone else involved in the preparation of candidates to sit for the examinations; and/or
- receiving examination information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations from an examinee, whether requested or not; and/or

- copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid, or repeat examination takers or any other individual for the purpose of reconstructing any portion of examination materials; and/or
- using or purporting to use any portion of examination materials which were obtained improperly or without authorization for the purpose of instructing or preparing any candidate for examination or certification and registration; and/or
- selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination materials without authorization; and/or
- removing or attempting to remove examination materials from an examination room, or having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination of ARRT; and/or
- disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or 'inside' information concerning any portion of a future, current, or previously administered examination of ARRT; and/or
- communicating with another individual during administration of the examination for the purpose of giving or receiving help in answering examination questions, copying another candidate's answers, permitting another candidate to copy one's answers, or possessing unauthorized materials including, but not limited to notes; and/or
- impersonating a candidate or permitting an impersonator to take or attempt to take the examination on one's own behalf; and/or
- using any other means that potentially alters the results of the examination such that the results may not accurately represent the professional knowledge base of a candidate; will be reported to the ARRT and will constitute grounds for the ARRT to:
 - bar me permanently from all future examinations; and/or
 - terminate my participation in the examination; and/or
 - invalidate the results of my examination and any prior examinations; and/or
 - withhold my scores or certification and registration; and/or
 - revoke or suspend my certification and registration; and/or
 - deny or reject my application for renewal of certification and registration or otherwise refuse to renew my certification and registration; and/or
 - censure me; and/or
 - sue me for damages and civil remedies; and/or
 - pursue prosecution of me for any conduct that constitutes a criminal or civil violation; and/or
 - take any other appropriate action; and that the ARRT's decision on any such matter is final.

I also understand and agree that:

- the ARRT may withhold my scores and may require me to retake one or more portions of an examination if the ARRT is presented with evidence demonstrating to the ARRT, in its sole discretion, that the security of those portions of the examination has been compromised, notwithstanding the absence of any evidence of my personal involvement in the compromising activities;



AGREEMENT of CANDIDATES

Retain for reference throughout your application and examination process.

- the examination and related materials utilized in the ARRT's examinations are copyrighted as the sole property of the ARRT and must not be removed from the test area or reproduced in any way, and that reproduction of copyrighted material, in whole or in part, is a federal offense and may subject me to the sanctions listed above;
- subverting or attempting to subvert the examination process may be a violation of applicable state law and may subject me to the sanctions listed above; and
- the decision as to whether my scores and other performances on the ARRT's examinations qualify me for certification and registration rests solely and exclusively in the ARRT, and that its decision is final.

I understand that if I am certified and registered by the ARRT and/or if the certification and registration is renewed by the ARRT, the ARRT may issue to me one or more forms of printed or digital documents to evidence such certification and registration.

I understand and agree that:

- each such document remains the property of the ARRT and shall be returned to the ARRT upon its request;
- I may indicate my certification and registration by the ARRT by: (a) displaying any such document in my place of practice as a radiologic technologist; and (b) a factual statement on stationery, in advertisements, in resumes, biographical sketches, and the like, using the name of the ARRT or a recognizable abbreviation of the name; and the name of the ARRT and the logo of the ARRT shall not be used by me on any other certificate or material displayed, prepared, or distributed by or for me or on any other sign or display used by or for me, without the ARRT's prior written permission.

I hereby waive and release, and shall indemnify and hold harmless, the ARRT and its Board of Trustees, members, officers, committee members, employees, and agents from, against, and with respect to any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorney fees) that arise or are alleged to have arisen, from, out of, with respect to, or in connection with any action which they, or any of them, take or fail to take as a result of or in connection with this application, any examination conducted by the

ARRT which I apply to take or take, the score or scores given me on the examination, and, if applicable, the failure of the ARRT to issue to me a certificate or to renew the certification and registration previously issued to me, the ARRT's revocation of any certification and registration previously issued to me, or the ARRT's notification of legitimately interested persons of such actions taken by the ARRT. This release does not purport to and does not release the ARRT for any actions arising out of willful, wanton, or intentional misconduct.

I understand and agree that in the event of my breach of or default in any provision of this Application and Agreement in any respect whatsoever, the ARRT shall have the right, in its absolute discretion, to revoke or suspend any certification and registration issued to me, refuse to issue to me any certificate or renewal of the certification and registration thereof, censure me, and/or cancel my certification and registration with the ARRT, and to provide information regarding such circumstances to all legitimately interested persons without restriction.

I hereby authorize the ARRT to release the results of my examination to appropriate state agencies for credentialing purposes. I also authorize the ARRT to identify me and to report the fact of my certification and registration or non-certification and registration to prospective employers, universities, colleges, schools; federal, state, and local agencies; hospitals, health departments, and similar organizations and agencies.

I hereby authorize the ARRT to release the results of any final actions taken regarding my eligibility for certification and registration under the ARRT Standards of Ethics.

Governing Law, Jurisdiction and Venue: I understand and agree that this Agreement and my entire relationship with ARRT is and shall be governed by the law of the State of Minnesota (except for its choice of law provisions). Without limiting the foregoing, I agree that I shall abide by the Minnesota statute relating to certifying examination subversion (Minnesota Statutes Section 604.19) and that the provisions of that statute are made a part of this Agreement as if fully set forth herein. I understand that I may download a copy of the statute from the ARRT website, or that ARRT will send a copy to me if I make a request in writing. I hereby agree that any lawsuits between the ARRT and me must be filed in the courts of the State of Minnesota located in Hennepin County or Ramsey County, Minnesota or in the United States District Court for the District of Minnesota. I submit to the jurisdiction of said courts for the purposes of any lawsuit with ARRT and agree that jurisdiction and venue are proper in said courts.



APPLICATION FOR CERTIFICATION AND REGISTRATION

Visit arrt.org/rra-exam-dates for exam application postmarking deadlines.

RETURN ALL THREE OF THE COMPLETED APPLICATION PAGES 4, 5 AND 6 TO ARRT. SEE INSTRUCTIONS ON PAGE 1.

Read the instructions carefully. Incomplete forms will be returned.

USE YOUR LEGAL NAME ON THE APPLICATION. INCLUDE ANY APPROPRIATE SUFFIX (E.G., JR., SR., III) AT THE END OF THE FIELD LABELED LAST NAME. BE SURE YOUR FULL NAME MATCHES THE NAME ON THE TWO IDs YOU'LL PRESENT AT THE TEST CENTER.

RADIOLOGIST ASSISTANT

For ARRT use only

Last Name

First Name

Middle Name or Initial

Street Address 1

Street Address 2

City State/Prov Zip/PC

Birthdate and Social Security number must be provided for purposes of positive identification.

Birthdate or Gender
MM DD YYYY ARRT ID Number Last 4 digits of Social Security Number (SSN) No SSN M F Prefer Not To Disclose

ARRT complies with the ADA Title III regulations regarding examinations. These regulations apply to applications, licensing, certification, or credentialing for education or for professions and trades.

Do you have a disability/ailment that requires accommodations (modification from standard testing procedures) at the test center?

No Yes If "Yes," we'll send you instructions on applying for ADA testing and accommodations. We'll place your exam on hold until you submit your accommodation request and it's processed. Note that you won't be able to schedule your exam until we send you the decisions letter.

Select Test Center Location

Indicate the city and state of the test center that you prefer to take the exam. Access the list of test centers at pearsonvue.com/arrt.

City State

Pearson Vue will try to accommodate your preferred testing location. The earlier you schedule, the more likely you'll be scheduled at that location.

Please provide contact information. This information is only used for Pearson Vue to schedule your examination.

Email Address

Daytime Telephone Number - - Extension

ETHICS REQUIREMENTS

(1) Have you ever been charged with or convicted in court of a misdemeanor or felony (This includes court convictions and military courts-martial)?

Answer "Yes" if you have:

- Charges or convictions—including those that were stayed, withheld or deferred, set aside, or suspended
- Any plea of guilty, Alford plea, or plea of no contest (nolo contendere)
- Court conditions applied to your charge—including court supervision, probation, or pretrial diversion
- Traffic violations charged as misdemeanors or felonies
- Traffic violations that involved drugs or alcohol

Answer "No" if you have no offenses. Also answer "No" if you have:

- Offenses and convictions that occurred before you turned 18 and that were processed in juvenile court
- Speeding and parking tickets that weren't charged as misdemeanors or felonies and that didn't involve drugs or alcohol (if you have any traffic violation that involved drugs and/or alcohol, you must answer "Yes")
- Charges that were dismissed with no court conditions required (if conditions were required, you must answer "Yes")
- Court records that were sealed or expunged (if you don't have court documents that prove your case was sealed or expunged, you must answer "Yes")
- Offenses you've already reported to ARRT and about which ARRT has sent you communication

No Yes

If you answered "Yes" to the criminal reporting requirement:

Submit a written explanation of the events and copies of all documentation relevant to the matter. Do not send original records. For additional guidance, visit arrt.org and search for the Ethics Review Checklist for Criminal Violations, or call us at 651.687.0048 and select the option for ethics requirements.

(2) Has a regulatory authority or certification board (other than ARRT) ever done one or more of the following?

- Denied, revoked, or suspended your professional license, permit, registration, or certification?
- Placed you on probation (excluding ARRT Continuing Education probation), under consent agreement, or under consent order?
- Allowed voluntary surrender of your professional license, permit, registration, or certification?
- Subjected you to any conditions or disciplinary actions?

Answer "Yes" if one or more of these apply to you and the organization imposing the action **wasn't** ARRT.

Answer "No":

- If you have no offenses
- If your only offense is ARRT Continuing Education (CE) probations
- For offenses previously reported to ARRT and for which ARRT has sent you communication

No Yes

If you answered "Yes" to the state or regulatory reporting requirement:

Submit a written explanation of the events and copies of all documentation relevant to the matter. Do not send original records. For additional guidance, visit arrt.org and search for the Ethics Review Checklist for Regulatory Violations or call us at 651.687.0048 and select the option for ethics requirements.

(3) Have you ever voluntarily withdrawn—or been suspended, dismissed, or expelled—from an educational program you attended to meet ARRT certification and registration requirements?

Answer "No" for offenses previously reported to ARRT and for which ARRT has sent you communication.

Whether you answer "Yes" or "No" to this question, you must read and sign the "Written Consent Under FERPA" on the next page.

No Yes

If you answered "Yes" to the honor code reporting requirement:

Include a written explanation of the events and copies of all documentation relevant to the matter with this completed application. Do not send original records. For additional guidance, visit arrt.org and search for the Ethics Review Checklist for Honor Code Violations, or call us at 651.687.0048 and select the option for ethics requirements.

INSTITUTION

TO BE COMPLETED BY THE CANDIDATE

(Candidate must also complete pages 4 and 5)

CANDIDATE: Initial each box and sign below to attest to your eligibility.

Initialed by
Candidate

The terms and conditions set forth in the "Agreement of Candidates" section of the ARRT Rules and Regulations provided in the handbook online are hereby incorporated in and made a part of this application by this reference as fully as though the same were set forth in full in this place, and by signing below, I hereby consent to and agree to be legally bound in all respects by each and all of such terms and conditions.

By signing this application, I acknowledge that I have read the Certification and Registration Handbook.

Initialed by
Candidate

I have, or will have by exam administration date, been awarded a master's or doctoral degree from an accredited educational institution. (I understand that this statement is subject to verification by ARRT and agree to cooperate in any such effort.)

Initialed by
Candidate

I have — since receiving my ARRT Radiography certification and registration — completed one year of full-time (or equivalent) clinical experience. The clinical experience may be earned concurrently with the radiologist assistant educational program, but may not be satisfied through radiologist assistant education program activities. Clinical experience must be patient-care related at the professional level. (I understand that this statement is subject to verification by ARRT and agree to cooperate in any such effort.)

Signature of Candidate

SIGNATURE MUST MATCH THAT ON IDS USED AT TEST CENTER.

MM	DD	YYYY			

CANDIDATE: Read and sign below.

WRITTEN CONSENT UNDER FERPA: To allow ARRT to communicate freely and openly with my educational program director, and to allow ARRT to obtain specific parts of my education records in order to verify whether I have ever been suspended, dismissed or expelled from an educational program that I attended in order to meet ARRT certification and registration requirements, I hereby waive in part the confidentiality of my education records under the Family Educational Rights and Privacy Act, 20 U.S.C. Section 1232g ("FERPA"), and consent to the release of any all education records, relating to my suspension, dismissal or expulsion to ARRT for purposes of its review of my application for certification and registration by ARRT. In the event my educational program requires a different written consent under FERPA, I will promptly execute same.

Signature of Candidate

SIGNATURE MUST MATCH THAT ON IDS USED AT TEST CENTER.

MM	DD	YYYY			

**CANDIDATE'S COMPLETION OF THIS SIDE OF APPLICATION FORM ENDS HERE.
EDUCATIONAL PROGRAM DIRECTOR IS TO COMPLETE FIELDS BELOW THIS LINE.**

TO BE COMPLETED ONLY BY THE EDUCATIONAL PROGRAM DIRECTOR

ENDORSEMENTS: Endorsements below must be completed by the educational program director (and, if required, the authorized faculty).

(1) This candidate (has/will have) successfully completed all didactic and clinical competency requirements of the approved educational program that is noted below in #2 on this application; the candidate has also completed all course work and has demonstrated the competency requirements as identified in the R.R.A. Didactic and Clinical Competency Requirements document from the Registered Radiologist Assistant (R.R.A.) Handbook in place at the time of program completion and, to the best of my knowledge, the candidate has provided accurate information and answers on the previous page.

(2) Institution Name:

ARRT Program #

(3) Dates this candidate attended the educational program: Start

MM	DD	YYYY			

Completion

MM	DD	YYYY			

(4) **SIGNATURE(S):** I attest that all the information provided on this application is accurate on this application.

Signature of Educational Program Director — NO STAMPED SIGNATURES

MM	DD	YYYY			

Signature of Authorized Faculty Member (if required) — NO STAMPED SIGNATURES

MM	DD	YYYY			