THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS®

DUPLICATE EXAMINATION RESULTS PACKET AUTHORIZATION

INSTRUCTIONS

(1) You recently passed an ARRT examination and you're still waiting for your results packet:

- If you have not received it by mail within 30 days of passing the examination, call us at 651.687.0048. Select the option for earning ARRT certification. We'll want to make sure the postal service has the correct address.
- If you have not received it by mail within 90 days of passing the examination and you did not change your address, call us at 651.687.0048. Select the option for earning ARRT certification.

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

(3) The duplicate examination results packet contains your score report and certificate.

(4) You must be currently certified and registered to request a duplicate examination results packet.

(5) Indicate the discipline for which you are requesting results in the "Request Statement" section. ARRT will automatically mail your results to the address on file.

(6) The results and certificate will bear your legal name as currently on record, along with your original certificate date and ARRT ID number.

(7) If your name has changed, you must include acceptable documentary evidence of your name change and a Name Change Form. The new name to be printed on the duplicate certificate should be printed clearly. You can find the Name Change Form by visiting arrt.org and clicking on the forms icon located on the homepage.

(8) Enclose a personal check or money order in the amount of $30 for each discipline you are requesting.

(9) Mail the original application (photocopies not accepted) to ARRT, Education Requirements Department, 1255 Northland Drive, St Paul, MN 55120-1155.

(10) Contact us with questions: 651.687.0048. Select the option for earning ARRT certification.

(11) Allow three to four weeks for delivery.

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Read instructions on Page 1 before completing this authorization.

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 Number - -

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

Last Name

First Name | Middle Initial

REQUEST STATEMENT: FILL IN THE BLANKS BELOW

I would like to request a duplicate results packet for the _____ discipline.

(i.e. Radiogaphy, Radiation Therapy, etc.)

I DECLARE THAT ALL THE DATA APPEARING ON THIS AUTHORIZATION ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

_____

(Authorization Signature)

MM DD YYYY