

**NEW YORK STATE RADIOLOGIC TECHNOLOGIST LICENSURE APPLICATION**  
**INSTRUCTIONS**

**Please submit the following items**

- 1.) A completed application. **Incomplete applications will be returned.**
- 2.) A check or money order made payable to New York State Department of Health in the amount of \$120.00
- 3.) Proof of having passed the American Registry of Radiologic Technologist's (ARRT) examination and/or the Nuclear Medicine Technology Certification Board (NMTCB). An applicant may provide proof by submitting a copy of any one of the following documents:
  - ARRT or NMTCB certificate
  - Current wallet card
  - Passing examination score of 75 or higher
- 4.) Submit a copy of school certificate/diploma or transcript. If date of graduation was more than ten years ago, submit a resume that clearly shows employment as a radiologic technologist. Applicants with training in the Armed Forces submit a copy of discharge papers (DD214) and school certificate showing graduation from a radiologic technology program as listed below:

<b><u>Military Branch</u></b>	<b><u>Required Forms</u></b>	<b><u>Type of Endorsement</u></b>
Air Force	STTC Forms	Final Endorsement
Army	Diploma	Endorsement of Program Director
Navy	NEC-8452 Certificate	Endorsement of Program Director

- 5.) Applicants who are licensed by a state that uses the ARRT examination as the state licensing examination must also submit a copy of their state license. Applicants who are licensed by a state that does not use the ARRT examination, must first obtain ARRT certification before applying to New York State.

**Notes:**

If your license or school documentation is in a different name, please include a copy of **Legal proof of name change** such as a marriage certificate or divorce decree.

**Section 5 of the NYS Tax Law requires that the NYS DOH record the social security number or taxpayer ID for any person to whom a license is issued. Your application will not be processed unless a valid social security number or taxpayer ID is listed in Item 1.**

If you need to apply to the ARRT, please contact them at the following address or telephone number:

American Registry of Radiologic Technologist's  
1225 Northland Drive  
St. Paul, MN 55120-1155  
(651) 687-0048

New York State Department of Health  
BERP – Radiologic Technology  
Corning Tower – Empire State Plaza  
12<sup>th</sup> Floor – Room 1221  
Albany, NY 12237  
(518) 402-7580

# Application for Radiologic Technologist Licensure

## General Information

MAKE CHECK PAYABLE TO NEW YORK STATE DEPARTMENT OF HEALTH IN THE AMOUNT OF \$120.00

Type of License:  Diagnostic  Therapy  Nuclear Medicine

1.) Social Security No.

2.) Gender:  Male  Female

3.) Last Name:

First Name:  M.I.

4.) Mailing Address: Number, Street, Apartment Number:

City:  State:  Zip Code: -

5.) Date of Birth:     
Month Day Year

6.) County of Residence:

7.) Phone Number: -- --  
Home Business/Cell Phone

## Education

8.) Do you have a certificate from the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB)?  Yes  No  
(If yes, please attach proof of certification.)

9.) Have you successfully completed an accredited course of study in Radiologic Technology?  Yes  No  
(If you expect to complete a course within three months, you may answer yes.)

Name and address of school:  

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Dates attended (Month/Year)  
From    To

Include a copy of your diploma or transcript. If you completed this course over ten years ago, attach a resume of your experience since graduation.

**Convictions**

A conviction is not an automatic bar to licensure. Each case is considered on its individual merits.

10.) Except for minor traffic violations and adjudication as a youthful offender, wayward minor, or juvenile delinquent, have you ever been convicted of one or more criminal offenses involving a threat or use of physical violence, sexual behavior, illegal possession or use of drugs, theft or fraud, received an other than honorable discharge from the armed services?

*If yes, please provide details for all charges. Include copies of all documents from the court including Certificate of Disposition, Certificate of Relief from Disabilities or Certificate of good Conduct.*

Yes  No

**Child Support Statement**

You must complete this section. If you do not complete it, your application will be returned.

11.) NYS General Obligations Law, Section 3-503 requires everyone applying for or renewing a professional license, permit or registration to file a written statement that, as of the date of the filing, he or she is, or is not, under an obligation to pay child support. Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or driver's licenses. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to Section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are under an obligation to pay child support but are not in compliance with the General Obligations Law can be issued a credential for no more than six months to discharge child support obligations consistent with that law.

I, the undersigned, do hereby certify that:

A.  I am **not** under obligation to pay child support.

B.  I am under obligation to pay child support

I do not owe four or more months of child support payments.

I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.

My child support obligation is the subject of a pending court proceeding.

I receive public assistance or supplemental social security income.

**Declaration - Your application will not be processed without an original signature below.**

I declare, subject to the penalties for perjury, that the statements made herein and on the accompanying documents have been examined by me and to the best of my knowledge are true and correct. I further understand that a false statement knowingly made by me may be the cause for suspension or revocation of any license issued pursuant to this application and for criminal prosecution and punishment.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Previous Name (if any)