Instructions for completing the Application for New York State Radiologic Technologist Licensure

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 Technologists (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 the date of graduation was more than ten years ago, then submit a resume that clearly shows employment as a radiologic technologist. Applicants with training in the Armed Forces are directed to submit a copy of discharge papers (DD214) and a school certificate showing graduation from a radiologic technology program as listed below:

<table>
<thead>
<tr>
<th>Military Branch</th>
<th>Required Forms</th>
<th>Type of Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Force</td>
<td>STTC Forms</td>
<td>Final Endorsement</td>
</tr>
<tr>
<td>Army</td>
<td>Diploma</td>
<td>Endorsement of Program Director</td>
</tr>
<tr>
<td>Navy</td>
<td>NEC-8452 Certificate</td>
<td>Endorsement of Program Director</td>
</tr>
</tbody>
</table>

5.) All supporting documentation required for submission. The specifics are clearly communicated in the form. This includes any documentation related to criminal convictions.

6.) 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 of the form.

- If you need to apply to the ARRT, please contact them directly:
  
  **American Registry of Radiologic Technologists**
  
  1225 Northland Drive
  
  St. Paul, MN 55120-1155
  
  651-687-0048
  
  www.arrt.org
**Application for Radiologic Technologist Licensure**

**Applicant Information**

Make check payable to *New York State Department of Health* in the amount of $120.00.

<table>
<thead>
<tr>
<th>Type of License (check only one option):</th>
<th>Radiography</th>
<th>Therapy</th>
<th>Nuclear Medicine</th>
</tr>
</thead>
</table>

1.) Social Security Number 

2.) Gender  

3.) Last Name 

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

5.) Date of Birth 

6.) County of Residence

7.) Phone Number  

8.) Email

<table>
<thead>
<tr>
<th>Education</th>
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9.) Do you have a certificate from the American Registry of Radiologic Technologist (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB)?

   *If yes, please attach proof of certification.*

10.) Have you successfully completed an accredited course of study in Radiologic Technology?

   *If you expect to complete a course within three months, you may answer yes.*

   Name and address of school:  
   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.

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### Convictions

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

11.) 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 the use of drugs, theft or fraud, or received an other than honorable discharge from the armed services?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*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.*

### Child Support Statement

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

12.) Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*.

Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under 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 not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

- A. [ ] I am not under obligation to pay child support.
- B. [ ] I am under obligation to pay child support, and ... (please check only one of the following options)
  - [ ] I am current and am not four months or more in arrears in the payment of child support.
  - [ ] I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties.
  - [ ] The child support obligation is the subject of a pending court proceeding.
  - [ ] I am receiving public assistance or supplemental security income.
  - [ ] None of the above four statements apply.

*New York State General Obligations Law, Section 3-503*

### 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)** ___________________________

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