



## ARIZONA MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

4814 South 40<sup>th</sup> Street \* Phoenix, AZ 85040-2940  
(602) 255-4845

Thank you for applying with the Arizona Medical Radiologic Technology Board of Examiners.  
This application must be completed in its entirety and must include the following:

An application must be completed for **EACH** license that you apply for with separate attachments for each.

- ✓ **Application:** Notarized completed application. **Incomplete applications will be returned to applicant.**
- ✓ **Money Order or Cashier's Check:** (**NO PERSONAL CHECKS**) made out to the MRTBE Certification Fund. Please call our office for the amount: (602) 255-4845.
- ✓ **Passport Photo** – original photo, not a copy. This is an ORIGINAL photo that can be obtained at most pharmacies. No computer generated or personal camera photos will be accepted. Attach to page 1 of application in left corner.
- ✓ **Priors:** If you have any prior convictions, we'll need to have documentation that you received from the court that identifies the nature of the conviction and how it was resolved. You must provide a statement written in your own words that explains what happened.
- ✓ **Proof of Legal Residency:** A copy of your driver's license AND a copy of your social security card OR a copy of your US Passport. Please make sure that your copies are current and clearly legible. If we can't read the documentation, we can't use it. **NOTE:** If you cannot meet the above requirement you will need to provide additional documentation such as a copy of your birth certificate. Please see §41-1080 for a complete list of acceptable documents. MRTBE must verify an individual's presence in the U.S. is authorized under federal law prior to issuing a license.

Depending on the license you are requesting, please also include the following **IN ADDITION** to the other documents listed above:

✓ **CRT, CMT, CNMT, CTT, CTCT, RA Applicants:**

Copy of current ARRT, NMTCB, or CBRPA wallet card. (CTCT: advanced post primary certification or 2 years CT experience plus 12 CME CT related)

**Note: your full name and address with ARRT, NMTCB or CBRPA must match with MRTBE.**

**If applying for a CMT or CTCT must hold a CRT, CTT or CNMT license (can be applied for at the same time)**

✓ **CMT Applicants:**

Documentation of 40 hours education and training as required by MQSA

✓ **PTR Applicants:**

Completion letter or diploma from an AZ approved school or copy of the diploma and curriculum from an out of state training school

Copy of high school diploma or its equivalent

"Scope of Practice" letter (PTR acknowledgment available on website).

Money Order or Cashiers Check made out to ARRT for \$125.00

✓ **PTP and PTBD Applicants:**

Completion letter or diploma from an AZ approved school or copy of the diploma and curriculum from an out of state training school Copy of high school diploma or its equivalent

"Scope of Practice" letter (PTP and PTBD acknowledgement available on website).

Money Order or Cashier's Check made out to the MRTBE for \$70 for testing.

**Please Note:** It is the licensees' responsibility to report any changes to your personal information. If you do not receive renewals or correspondence from this office because you've moved or have changed the way that you receive mail, you are responsible for late fees or the expiration of your license.

Attach  
Photo  
Here

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**NO PERSONAL CHECKS ACCEPTED**

**IMPORTANT NOTICE:** ARS §32-3801 provides...A professional's residential address and residential telephone number or numbers maintained by a professional board are not available to the public unless they are the only address and numbers of record.

|   |  |  |
|---|--|--|
| TYPE OR PRINT YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD  |  | <b>Check ONE box for the license that you wish to apply for:<br/>(One application per license)</b><br><input type="checkbox"/> Radiologic Technologist (CRT)<br><input type="checkbox"/> Radiation Therapist (CTT)<br><input type="checkbox"/> Nuclear Medicine Technologist (CNMT)<br><input type="checkbox"/> Mammography Technologist (CMT) (must have a current CRT license)<br><input type="checkbox"/> Computerized Tomography (CTCT) (must have a current CRT, CNMT, or CTT license in the state of Arizona)<br><input type="checkbox"/> Limited Practical Technologist (CPTR)<br><input type="checkbox"/> Schedule Examination<br><input type="checkbox"/> Practical Technologist Podiatry (CPTP)<br><input type="checkbox"/> Schedule Examination<br><input type="checkbox"/> Other _____ |
| LAST NAME _____   | FIRST NAME _____   |  |
| MIDDLE NAME _____   | MAIDEN NAME _____  |  |
| CURRENT ADDRESS _____   |  |  |
| CITY _____  | STATE _____ ZIP CODE _____                                   |  |
| (____) _____<br>PHONE NUMBER  | BIRTHDATE (Required) _____                                   |  |
| EMAIL ADDRESS _____   | SOCIAL SECURITY NUMBER (Required)<br>_____ Male _____ Female |  |
| <b>HAVE YOU EVER APPLIED FOR AN MRTBE LICENSE,<br/>WHETHER YOU ACTUALLY RECEIVED ONE?</b> Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  | <b>FOR OFFICE USE ONLY</b><br>____ - ____ I: ____/____/____<br>E: ____/____/____<br><br>____ - ____ I: ____/____/____<br>E: ____/____/____<br><br>____ - ____ I: ____/____/____<br>E: ____/____/____   |
| **PREVIOUS MRTBE _____ - _____ EXPIRED ____/____/____<br>CERTIFICATES   |  |  |
|   |  |  |

ARRT, NMTCB or CBRPA # \_\_\_\_\_ Expiration: \_\_\_\_\_ (MUST BE CURRENT)

### MOST CURRENT EMPLOYER

EMPLOYER \_\_\_\_\_ AREA CODE/PHONE # / EXT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF ADMINISTRATOR OR DEPT DIRECTOR \_\_\_\_\_ EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_  
MO YR MO YR

### PREVIOUS EMPLOYER:

EMPLOYER \_\_\_\_\_ AREA CODE / PHONE # / EXT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ SUPERVISOR PHONE \_\_\_\_\_ EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_  
MO YR MO YR

EDUCATIONAL INFORMATION

INSTITUTION TYPE OF TRAINING (DIPL., CERT., DEGREE)
ADDRESS OF INSTITUTION CITY STATE MO. & YR OF GRADUATION PHONE NUMBER
OTHER DEGREES MAJOR WHERE OBTAINED YEAR

MISCELLANEOUS INFORMATION

Please write "YES" or "NO" in the spaces below

- Have you ever been convicted of any crime?
Have you ever been convicted of a crime involving moral turpitude?
Have you ever had an application for a license or certificate denied?
Have you ever had a professional license or certificate disciplined, suspended or revoked?
If yes on any questions, see criminal charges instructions on website or call MRTBE.

Having filed an application for certification by the Medical Radiologic Technology Board of Examiners (MRTBE), I authorize and request every person, company, governmental agency or institution having control of information pertaining to my educational and professional background to furnish to the MRTBE information pertaining to this application and to permit the MRTBE or its representatives to inspect and make copies of such information.

I hereby release the MRTBE and its representatives from any liability arising out of the furnishing or inspection of such information. The Authorization and Release form will only be utilized by the MRTBE to confirm application matters relevant to education, work history, and enforcement matters authorized by Arizona Revised Statutes 32.2801, et. Seq.

I, (type or print name), do solemnly swear or affirm that the foregoing information completed by me, or submitted by or for me, is true, complete and correct to the best of my knowledge. Furthermore, should any part of the information herein provided prove to be false, it shall be just cause for the revocation of any Certificate issued by the Arizona Medical Radiologic Technology Board of Examiners.

MRTBE participates in the Employment Eligibility Verification Program.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
A lawful permanent resident (Alien #)
An alien authorized to work until (Alien # or Admission #)

NOTARY PUBLIC

SIGNATURE OF APPLICANT DATE
Subscribed and sworn to before me this day of 20
Notary Public
My commission expires:

A.R.S. §41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice
B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact.
D. This section may be enforced in a private civil action and relief may be awarded against the state.
E. A state employee may not intentionally or knowingly violate this section.
F. This section does not abrogate the immunity provided by section 12 820.01 or 12 820.02.

NOTICE: Incomplete applications will be returned to applicant. Do not leave any area blank.