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Bureau of Environmental Health

Radiation Control Program

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POTENTIAL MASSACHUSETTS RADIOLOGIC TECHNOLOGIST LICENSEE:

Chapter 111, Section 5L of the Massachusetts General Laws established an Advisory Commission for licensing radiologic technologists within the Commonwealth. This statute mandates that no person shall perform the duties of a radiologic technologist (x-ray, nuclear medicine or radiation therapy technologist) without such license and further that the fee for such license and renewal shall be determined annually by the Commissioner of Administration.

The Advisory Commission for Radiologic Technologists was established under this statute and developed regulations which were effective March 1, 1988 (116 CMR 2.00). Under these regulations, Section 2.03 states that an individual who is a certified radiologic technologist in a national or international certifying board, shall be deemed licensed provided such board is recognized by the Commission. You should complete this application only if you have successfully passed a qualifying examination given by one of the following certification boards:

American Registry of Radiologic Technologists
British College of Radiographers
Australian Institute of Radiography
Canadian Association of Medical Radiologic Technologists
Nuclear Medicine Technologists Certification Board
Massachusetts Civil Service Exam

Once you have completed the enclosed application, return it with a notarized copy of your A.R.R.T or N.M.T.C.B. certification card. There is a \$75.00 application/processing fee along with a pro-rated license fee. If you wish to know the licensing fee, you may call 617-242-3035 and asked to be connected to the R.T. Coordinator, if not you will be invoiced. Please make your check payable to the Commonwealth of Massachusetts. When you return your completed application along with the fee, we will review your documents for eligibility and if everything is correct, we will then issue you a Massachusetts Radiologic Technologist License

If you have any further questions concerning the application process, please contact this office during normal business hours.

RADIOLOGIC TECHNOLOGIST EMPLOYMENT HISTORY FOR THE PAST FIVE YEARS
USE ADDITIONAL PAPER IF NECESSARY

NAME OF EMPLOYER: _____
(MOST RECENT)

ADDRESS: _____

TELEPHONE #: _____

DATES OF EMPLOYMENT: _____ TO _____

NAME OF EMPLOYER: _____

ADDRESS: _____

TELEPHONE #: _____

DATES OF EMPLOYMENT: _____ TO _____

NAME OF EMPLOYER: _____

ADDRESS: _____

TELEPHONE #: _____

DATES OF EMPLOYMENT: _____ TO _____

NAME OF EMPLOYER: _____

ADDRESS: _____

TELEPHONE #: _____

DATES OF EMPLOYMENT: _____ TO _____

HAVE YOU EVER:

- A. BEEN CONVICTED OF A FELONY; ___YES ___NO

- B. BEEN FOUND TO HAVE COMMITTED MALPRACTICE; ___YES ___NO

- C. PAID, OR HAVE HAD PAID ON YOUR BEHALF, ANY AMOUNT OF MONEY TO SETTLE A MALPRACTICE SUIT? ___YES ___NO

IF YES, PLEASE EXPLAIN: _____

DATE OF HIGH SCHOOL GRADUATION OR EQUIVALENT: _____

LIST ALL QUALIFYING PROFESSIONAL EDUCATION:

CHECK OTHER RADIOLOGIC TECHNOLOGY CATEGORY LICENSES HELD IN-STATE

(CHECK APPROPRIATE ONES)

- 1. GENERAL RADIOGRAPHY _____
- 2. NUCLEAR MEDICINE TECHNOLOGY _____
- 3. RADIATION THERAPY TECHNOLOGY _____

HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED BY ANY STATE OR CERTIFYING BOARD? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

NOTE: IF EXTRA SPACE IS NEEDED FOR ANY ANSWERS ON THIS APPLICATION FORM, PLEASE USE ADDITIONAL SHEETS OF PAPER SO ALL QUESTIONS ARE ANSWERED FULLY. ATTACH ADDITIONAL SHEETS TO THE BACK OF THE APPLICATION.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND COMPLETE.

SIGNATURE

DATE