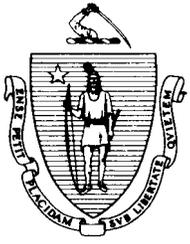


# Forms and Procedures Manual for Radiologic Technologist Students



Massachusetts Department of Public Health  
Bureau of Environmental Health  
Radiation Control Program  
Revised May, 2014



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The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
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Schrafft Center, Suite 1M2A  
529 Main Street, Charlestown, MA 02129  
Phone: (617) 242-3035 Fax: (617) 242-3457  
[www.mass.gov/dph](http://www.mass.gov/dph)

Dear Clinical Directors and RT Students:

This manual has been designed to inform students of the Radiologic Technologist licensing process in Massachusetts, and specifically about which forms need to be submitted to the MA Radiation Control Program (RCP) RT Licensing Program when applying for a Temporary Massachusetts Radiologic Technologist License, and which forms need to be submitted to us after passing the ARRT or NMTCB exam.

Becoming certified by one of the above-mentioned organizations does not authorize you to practice Radiologic Technology in Massachusetts. Upon expiry of your Temporary License, you must apply for, and obtain, a "permanent" (i.e. two-year) Massachusetts Radiologic Technologist license before you can practice in any of the Radiologic Technologist specialties.

I hope that this manual will assist you in becoming licensed in your chosen field.

If you have questions regarding this manual, or the Radiologic Technologist licensing process in general, please do not hesitate to call Joe Chadorowsky, Licensing Coordinator, at (617) 242-3035, Ext. 2005.

Thank you.

Sincerely,  
John M. Priest, Jr.  
Director  
Radiation Control Program

## ***Applying for a Temporary Radiologic Technologist License***

Upon graduating from an approved radiologic technologist program, the following should be sent to the Radiologic Technologist Licensing Program in order to receive a Temporary Radiologic Technologist License:

- Application for an individual graduated from a joint review Committee on education in radiologic technology (J.R.C.E.R.T.) approved radiologic technologist program(s)
- A letter signed by your program director indicating your course completion on school letterhead, OR a copy of your diploma/certificate showing proof of graduation from a radiologic technologist program.

This paper work can either be mailed, faxed or you may set up an appointment to come in to pick up your temporary license. Unscheduled walk-ins are not recommended due to the fact that we cannot guarantee that we will be able to issue a license to you.

Once the application is processed, the graduate will then be issued a Temporary Radiologic Technologist License which will be valid for one year from the date of issuance. Within that time period, the student should contact the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technologists Certification Board (NMTCB) to set up a date to sit for the national exam. Once you have received your scores and it notes that you have passed, you must apply for your initial permanent license. Please note that passing the boards does not automatically license you – you **must** apply for a permanent license from the Massachusetts Department of Public Health.

To schedule an appointment you may call Joe Chadorowsky, licensing coordinator, at (617) 242-3035; extension 2005.



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APPLICATION FOR AN INDIVIDUAL GRADUATED FROM A JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY (J.R.C.E.R.T.) APPROVED RADIOLOGIC TECHNOLOGIST PROGRAM(S)

1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 NAME (PLEASE PRINT) DATE OF BIRTH

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY/TOWN STATE/ZIP

\_\_\_\_\_  
 SS# HOME TELEPHONE DAYTIME TELEPHONE

2. RADIOLOGIC TECHNOLOGIST TRAINING:

Dates of training  
 Completed \_\_\_\_\_ / \_\_\_\_ to \_\_\_\_\_ / \_\_\_\_  
 Month Year Month Year

Date of graduation: \_\_\_\_\_ / \_\_\_\_  
 Month Year

Area of Study \_\_\_\_\_ radiography, full  
 \_\_\_\_\_ nuclear medicine  
 \_\_\_\_\_ radiation therapy

College providing training:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. NOTE: Attached to this form, you must include proof of successful completion of all school requirements either in the form of a letter signed by your program director indicating your course completion on school letter head, or a copy of your diploma/certificate showing graduation from a radiologic technologist program.

4. HAVE YOU EVER BEEN CONVICTED OF A FELONY?    \_\_\_NO    \_\_\_YES

IF YES PLEASE EXPLAIN:

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5. I, \_\_\_\_\_, hereby apply for a temporary license as a radiologic technologist. I have read and understand the provisions of the Commonwealth of Massachusetts Law, Chapter 111 Section 5K, and the regulations established by the Commission. I further grant permission to the licensing agency to verify any or all of the information that I have furnished.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6. RETURN TO:            RADIATION CONTROL PROGRAM  
                              RADIOLOGIC TECHNOLOGIST LICENSING  
                              SCHRAFFT CENTER, SUITE 1M2A  
                              529 MAIN STREET  
                              CHARLESTOWN, MA 02129

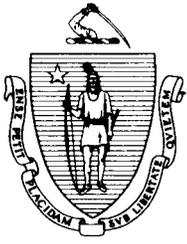
## ***Applying for a Permanent Radiologic Technologist License***

Upon passing a qualifying exam and receiving your credentials, you may then apply for the permanent RT license. The following should then be sent to the Radiologic Technologist Licensing Program

- Commonwealth of Massachusetts Radiologic Technologist Licensing Application Form
- A notarized copy of the credentials you've received
- A check or money order in the amount of \$75, made out to "The Commonwealth of Massachusetts."
- When your application is processed and approved, you will be invoiced a license fee that is pro-rated from \$150 based on when you enter the two-year cycle. If you are in a rush, you may contact the Program and ask what your first license fee will be and include it with the initial application.

This paper work can either be mailed or you may set up an appointment to come in to pick up your license. Unscheduled walk-ins are not recommended due to the fact that we cannot guarantee that we will be able to issue a license to you.

Please find the "Commonwealth of Massachusetts Radiologic Technologist Licensing Application Form" at the end of this document.



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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.

**Commonwealth of Massachusetts Radiologic Technologist Licensing  
Application Form**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NO \_\_\_\_\_

LICENSING CATEGORY (CHECK APPROPRIATE ONE)

- 1.     **GENERAL RADIOGRAPHY TECHNOLOGY**           \_\_\_\_\_
- 2.     **NUCLEAR MEDICINE TECHNOLOGY**           \_\_\_\_\_
- 3.     **RADIATION THERAPY TECHNOLOGY**           \_\_\_\_\_

YEAR OF QUALIFYING EXAMINATION\* \_\_\_\_\_

CERTIFYING BODY \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_ ACTIVE \_\_\_\_\_

\*QUALIFYING EXAMINATIONS ARE AS FOLLOWS:

- AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS
- AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS
- AUSTRALIAN INSTITUTE OF RADIOGRAPHY
- BRITISH COLLEGE OF RADIOGRAPHERS
- CANADIAN ASSOCIATION OF MEDICAL RADIOLOGIC TECHNOLOGISTS
- MASSACHUSETTS CIVIL SERVICE EXAM
- MASSACHUSETTS RADIOLOGIC TECHNOLOGIST LICENSING EXAM
- NUCLEAR MEDICINE TECHNOLOGISTS CERTIFICATION BOARD

**NOTE: FIRST TIME APPLICANTS MUST ATTACH A NOTARIZED COPY  
OF ABOVE CERTIFICATION**

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 BEEN:

- A. CONVICTED OF A FELONY? YES\_\_\_\_\_ NO\_\_\_\_\_
- B. FOUND TO HAVE COMMITTED MALPRACTICE? YES\_\_\_\_\_ NO\_\_\_\_\_
- C. PAID OR BEEN PAID ON BEHALF, ANY MOUNT OF MONEY TO SETTLE  
A MALPRACTICE SUIT? YES\_\_\_\_\_ NO\_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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DATE OF HIGH SCHOOL GRADUATION OR EQUIVALENT: \_\_\_\_\_

LIST ALL QUALIFYING PROFESSIONAL EDUCATION:

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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



RTs



RULE!

