The Commonwealth of Massachusetts



Executive Office of Health and Human Services

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Radiation Control Program

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MAURA T. HEALEY

Governor

KIMBERLEY DRISCOLL

Lieutenant Governor

**Massachusetts Radiologic Technologist Licensing Renewal Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *If your name has been changed, please include a copy of the relevant certificate, e.g. marriage, divorce, naturalization, etc.* | | **RT License Number:** | | |
| **Last Name:** | | **First Name:** | | |
| **Mailing Street Address, or PO Box:** | | | | |
| **City:** | | | **State:** | **Zip Code:** |
| **Date of Birth:**  **(Month/Day/Year)** | **Social Security Number:** | | | |
| **Telephone No.:** | **Email Address:** | | | |

**LICENSING DISCIPLINES (CHECK APPROPRIATE BOXES)**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] | **GENERAL RADIOGRAPHY TECHNOLOGY** | [ ] | **POSITRON EMISSION TOMOGRAPHY** |
| [ ] | **MAMMOGRAPHY** | [ ] | **RADIOLOGIST ASSISTANT** |
| [ ] | **NUCLEAR MEDICINE TECHNOLOGY** | [ ] | **COMPUTED TOMOGRAPHY** |
| [ ] | **RADIATION THERAPY TECHNOLOGY** | [ ] | **NUCLEAR MEDICINE ADVANCED ASSOCIATE** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current RT Employer Name:** | | **Telephone No.:** | |
| **Street Address, or PO Box:** | | | |
| **City:** | **State:** | | **Zip Code:** |

**Licensed RTs must maintain documentation of CEU’s obtained for the current renewal cycle and previous renewal cycle at each place of employment.**

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

**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** |
| **D.** | **HAD YOUR LICENSE/CERTIFICATION REVOKED BY ANY STATE OR CERTIFYING BOARD?** | **\_\_\_\_ YES** | **\_\_\_\_ NO** |

|  |  |
| --- | --- |
| IF YES, PLEASE EXPLAIN: |  |
|  | |
|  | |
|  | |
|  | |

**I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIRED DOCUMENTATION**

**To apply for a renewal of your license, you must submit the following:**

**[ ] Completed renewal form.**

**[ ] Copy of the current ARRT website certification and/or NMTCB certification card(s) pertaining to your Licensing Discipline(s).**

**[ ] Documentation of 24 CEUs from your last full biennium. For all expiration months but January, the biennium ends in the most recent odd-numbered year. The January biennium ends in the most recent even-numbered year.**

**[ ] Check or money order payable to the Commonwealth of Massachusetts for $ 150.00**.

**RCP will review, then issue you a Massachusetts Radiologic Technologist License within 30 days of our receipt of a correct application, supporting documentation, and fees.**

**If at any time you have changes to the information submitted on the form, please update and send the appropriate documentation to** RadiationControl@mass.gov

**ADDITIONAL LICENSING INFORMATION MAY BE FOUND AT: http://mass.gov/dph/rcp**