



The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Climate and Environmental Health
Radiation Control Program
Schrafft Center, Suite 1M2A

529 Main Street, Charlestown, MA 02129

Phone: 617-242-3035 Fax: 617-242-3457

www.mass.gov/dph/rcp

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-242-6000
www.mass.gov/dph

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)

- | | |
|---|--|
| <input type="checkbox"/> GENERAL RADIOGRAPHY TECHNOLOGY | <input type="checkbox"/> POSITRON EMISSION TOMOGRAPHY |
| <input type="checkbox"/> MAMMOGRAPHY | <input type="checkbox"/> RADIOLOGIST ASSISTANT |
| <input type="checkbox"/> NUCLEAR MEDICINE TECHNOLOGY | <input type="checkbox"/> COMPUTED TOMOGRAPHY |
| <input type="checkbox"/> RADIATION THERAPY TECHNOLOGY | <input type="checkbox"/> 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>