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Temporary Massachusetts Radiologic Technologist Licensing Application Form

This form is for a temporary Radiologic Technologist license, for graduates of a JRCERT or JRCNMT accredited program, who have not yet passed their certification exam.

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:	

RADIOLOGIC TECHNOLOGIST TRAINING:

Dates of training completed _____/_____/_____ to _____/_____/_____

Date of graduation: _____/_____/_____ Degree Title: _____

Area of Study: _____Radiography _____Nuclear Medicine _____Radiation Therapy

College providing training:		
Street Address, or PO Box:		
City:	State:	Zip Code:

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, _____, 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.

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

Signature: _____ **Date:** _____

To apply for an temporary license, you must submit the following:

- [] Letter from school's program director indicating all requirements have been met for eligibility to take an American Registry of Radiologic Technologist (ARRT) or Nuclear Medicine Technology Certification Board (NMTCB) exam – OR – a copy of your diploma or certificate showing graduation from this program.**

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

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>