**Initial (New) Massachusetts Radiologic Technologist Licensing Application Form**

This form is to be used to apply for a new Radiologic Technologist license, or to re-apply for a Radiologic Technologist license that has been expired for more than six months.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>If your name has been changed, please include a copy of the relevant certificate, e.g. marriage, divorce, naturalization, etc.</td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Mailing Street Address, or PO Box</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State:</td>
</tr>
<tr>
<td>Date of Birth: (Month/Day/Year)</td>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

**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

Certifying Body: ____________________________ Certification Number: ______________

Year of Qualifying Examination: * ______________

*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
- Certification Board for Radiology Practitioner Assistants
- Nuclear Medicine Technologists Certification Board
Current RT Employer Name: ________________________ Telephone No.: ________________________

Street Address, or PO Box: __________________________________________________________

City: ________________________ State: ________________________ Zip Code: ________________________

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D. HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED BY ANY STATE OR CERTIFYING BOARD?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: ________________________

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

[ ] Completed application.
[ ] Copy of the current ARRT or NMTCB certification card(s) pertaining to your Licensing Discipline(s).
[ ] Check or money order payable to the Commonwealth of Massachusetts for $225.00.
   ($75 application and $150 for License)

To re-apply for a license, expired more than six months, you must also submit:

[ ] Documentation of 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.
[ ] Documentation of one CEU per month since the start of your current CEU biennium, beginning in the last odd-numbered year.

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@massmail.state.ma.us

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