Massachusetts Radiologic Technologist Licensing Renewal Form

This form is to be used to apply for renewal of a Radiologic Technologist license that is expiring, or has been expired for no longer than six months

<table>
<thead>
<tr>
<th>RT License Number:</th>
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<table>
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<tr>
<th>Last Name:</th>
<th>First Name:</th>
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<table>
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<tr>
<th>Mailing Street Address, or PO Box:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<table>
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<tr>
<th>Date of Birth: (Month/Day/Year)</th>
<th>Social Security Number:</th>
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<table>
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<tr>
<th>Telephone No.:</th>
<th>Email Address:</th>
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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

<table>
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<tr>
<th>Current RT Employer Name:</th>
<th>Telephone No.:</th>
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<table>
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<tr>
<th>Street Address, or PO Box:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

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D. HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED BY ANY STATE OR CERTIFYING BOARD?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

REQUIRED DOCUMENTATION

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

[ ] Completed renewal form.
[ ] Copy of the current ARRT 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@massmail.state.ma.us

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