



WV Medical Imaging & Radiation Therapy Technology Board
1124 Smith Street, Suite B300 Charleston, WV 25301
www.wvrtboard.org 304-558-4012 rtboard@wv.gov

College Graduation Affidavit

Use this form only when a college diploma or transcript is unattainable

Name _____ Former _____

Birthdate _____ SSN _____

Mailing Address _____

E-mail Address _____ Phone _____

Nuclear Medicine Education Program

Name of College or Institution _____

Address of College Institution _____

Dates of Attendance _____

Degree Obtained _____

I understand that I am required to personally complete this affidavit, and I am solely responsible for the accuracy and completeness of the information provided. I have carefully read and understood all the questions on this waiver application and have answered all the questions completely, without reservations of any kind. I declare that my answers made by me herein are true and correct. I understand that any license issued based on this application is based on the truth of the answers contained herein. Should I furnish false or misleading information in this application, I hereby agree and understand that any such act shall constitute good cause for disciplinary action and/or the subsequent revocation of my license. I understand that the information contained herein is subject to investigation by the WV Medical Imaging & Radiation Therapy Technology Board of Examiners.

Applicant Signature

Date