

**WEST VIRGINIA MEDICAL IMAGING AND RADIATION
THERAPY TECHNOLOGY BOARD OF EXAMINERS**

1715 FLAT TOP ROAD

P.O. BOX 638

COOL RIDGE, WEST VIRGINIA 25825

TELEPHONE (304) 787-4398 TOLL FREE (877) 609-9869 FAX (304)787-3030

EMAIL : wvrtboe@suddenlinkmail.com WEB PAGE: www.wvrtboard.org

**RENEWAL BY CREDIT CARD AVAILABLE ON-LINE FOR LICENSEES THAT ARE ACTIVE ARRT
LICENSE RENEWAL APPLICATION**

(Please Print or Type)

PERSONAL INFORMATION

Name: _____
(Last) (First) (MI)

Address: _____ Email: _____
(Street or PO Box)

(County) (City) (State) (Zip)

Telephone: (_____) Optional Telephone Number (Cell): (_____) _____

West Virginia License Number: _____ Expiration Date: _____ Work phone #: (_____) _____

EMPLOYMENT INFORMATION

Employer: Primary: _____ Other: _____

Address: _____

(County) (City) (State) (Zip) (County) (City) (State) (Zip)

Working as R.T. _____ Full Time _____ Part Time _____ Number of Hours per week _____

Setting of Employment: Hospital ___ Private Practice ___ Clinic ___ Mobile ___ Other _____

Speciality: Radiographer ___ Therapist ___ Nuclear ___ MRI ___ Ultrasound ___ Other _____

MARK A 1 IN YOUR PRIMARY SPECIALITY AND A 2 IN YOUR SECONDARY SPECIALITY IF APPLICABLE.

Not working as an R.T. (Please circle appropriate number)

1. Working in an other field
2. Retired
3. Homemaker
4. Other _____

FEE: \$ 65.00

AFTER EXPIRATION OF PRESENT LICENSE:

\$ 90.00

**Copy of current ARRT or NMTCB card showing CE compliance or
documentation of CE's must be submitted with this application.**

The questions in this section must be answered before a license can be issued.

Do you have a child support obligation? YES ___ NO ___ Are you in delinquent? YES ___ NO ___ NA ___

Have you ever been convicted of a felony in the past five (5) years in this or any other state? YES ___ NO ___ Have
you ever been convicted of a misdemeanor in the Radiological Sciences? YES ___ NO ___ (If "yes" to any of the
questions, please give particulars and disposition on a separate sheet).

DECLARATION

I declare that the statements made herein and on accompanying papers have been examined by me and to the best of my knowledge and belief are true and correct. I agree to abide by all Rules and Regulations issued by the Board. I further understand that a false statement knowingly made by me may be the cause for suspension and revocation of any license issued pursuant to this application and for criminal prosecution and punishment.

DATE _____

SIGNATURE OF APPLICANT _____

(Revised 5/07)