

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

P.O. BOX 638
1715 FLAT TOP ROAD
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APPLICATION FOR RADIOLOGIC TECHNOLOGIST LICENSURE

(Please Print or Type)

MAKE CHECKS PAYABLE TO WV MI & RTT BOARD

PERSONAL INFORMATION

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

Address: _____
(Street or P.O. Box)

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

Telephone: () _____ Gender: Male: Female: Email: _____

Race/Origin: Caucasian / White Negro/Black Asian Hispanic Other

Date of Birth: _____ Place of Birth: _____ Work phone: _____
Month / Day / Year City State

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 Other _____

Primary Speciality: Radiographer Therapist Nuclear MRI Ultrasound Other _____
(PLACE 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)

3. Working in another field
4. Retired
5. Homemaker
6. Other

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 arrearage? 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 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

SECTION I: OBTAINING A LICENSE (Complete page 1 and this section)

Fee: \$ 100.00

A: Do you have a certificate from the American Registry of Radiologic Technologists?

Yes _____ No _____

(If "yes", please provide a copy of the certificate or wallet card. A license will not be issued without this

documentation.)

B: Name of High School _____ Year Graduated: _____

or

Address _____ GED Equivalency #: _____

City _____

C: Have you successfully completed a 24 month course of study in Radiologic Technology approved by the West Virginia R.T. Board of Examiners, Section 18.1.4 of the Rules and Regulations?

Yes: _____ No: _____

D: Name and Address of Program: _____

E: Dates attended: _____ to _____
month/day/year month/day/year

F: Have you ever been issued a license by the Board? Yes ___ No ___

If yes, under what name: _____

G: Have you ever been issued a temporary permit by the Board? Yes ___ No ___

If yes, under what name: _____

SECTION II: OBTAINING A TEMPORARY PERMIT

Fee: \$ 40.00

(Complete page 1 and SECTION I - Parts B-G on this page)

To obtain a temporary permit, you must qualify and be eligible for an examination. Please provide a copy of your diploma with this application. If an diploma is not available, your program director must submit a letter to the office signed by them and another person of authority (CEO, VP, Dean, Assistant Dean, etc) verifying your completion of the program. A temporary permit **will not be issued** without one of the documents as described above.

DO YOU WANT A TEMPORARY PERMIT? Yes: ___ No: ___

THE LICENSE FEES ARE ON AN ANNUAL BASIS AND THE FEE STRUCTURE IS AS FOLLOWS:

APPLICATION FEE:	\$100.00
LICENSE RENEWAL FEE	\$ 65.00
TEMPORARY PERMIT FEE	\$ 40.00
REINSTATEMENT FEE (DELINQUENT)	\$ 25.00
RECIPROCITY FEE	\$ 40.00
DUPLICATE LICENSE	\$ 15.00
CHANGE OF NAME	\$ 15.00