

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

P.O. BOX 638  
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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 agree to abide by all Regulations and Rules of 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

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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: \_\_\_\_\_  
Address \_\_\_\_\_ or  
City \_\_\_\_\_ GED Equivalency #: \_\_\_\_\_

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: \_\_\_\_\_

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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 scheduled for an examination. Please provide a copy of your diploma with this application. If an diploma is not available, provide a transcript of grades along with a letter from the program director verifying completion of the program.

DO YOU WANT A TEMPORARY PERMIT? Yes: \_\_\_ No: \_\_\_

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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