



WEST VIRGINIA MEDICAL IMAGING & RADIATION THERAPY TECHNOLOGY BOARD OF EXAMINERS

1124 Smith Street, Suite B-300, Charleston, WV 25301

Telephone: 304-558-4012 / Fax: 304-957-0177

Email: rtboard@wv.gov

Web Page: www.wvrtboard.org

APPLICATION FOR THE CREATION OF A MEDICAL IMAGING OR RADIATION THERAPY PROGRAM

Name of School

Type of Program

Program Director

Street Address

City, State, Zip

Email Address

Phone Number

Website URL:

Has an application for initial accreditation been submitted to an accreditation agency? YES NO

If yes, list the accreditation agency: _____

Date application was submitted: _____

If an accreditation site visit been scheduled, list dates: _____ N/A



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Name of School

Sponsoring Institution

CEO/President of Sponsoring Institution_

Dean/ Department Head

CEO/President of Sponsoring Institution_
Email address

Dean/ Department Head
Email Address

Sponsoring institution accrediting agency:

Institution Accreditation Effective Date(s):

Please note: A needs assessment should be submitted along with this application.