



ARKANSAS DEPARTMENT OF HEALTH / RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM
Application for Temporary License PET/CT Cross-training

Instructions:

- Fill out this application in its entirety.
- Please type or complete legibly using black ink only.
- Do not use "see attached" in lieu of filling out required forms.
- *Failure to properly complete required forms will delay the processing of your application and may result in its rejection.*

Please **type or print** your full name: _____

Complete Address: _____
(STREET) (CITY) (STATE) (ZIP) (COUNTY)

Date of Birth: _____ Social Security Number: _____

E-Mail: _____ Personal Phone _____

Name of Business/Facility _____ Work Phone _____

Work Address _____

Veteran Status: Are you or your spouse a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate your current certification or registry number and include a copy of your current ARRT or NMTCB card. You **must** be certified by one of the below to apply for a temporary licensure to cross-train in PET or CT.

(ADH Radiologic Technology Licensure)
number here

Radiologic Technologist Certification	ARRT (R) Registry	# _____	RTL # _____
Radiation Therapy Certification	ARRT (T) Registry	# _____	RTL # _____
Nuclear Medicine Technology Certification	ARRT (N) Registry	# _____	RTL # _____
NMTCB Certification		# _____	RTL # _____

Pet/CT Temporary \$90.00 / for two-year term

The Temporary License for cross-training in PET-CT is **valid for a two-year period**.
The expiration date for this Temporary License will be 24 months from the start date below:

Cross training start date _____



AGREEMENT

1. I, the undersigned ARRT(N) or NMTCB or ASCP(N) Nuclear Medicine Licensee applicant, understand that by signing this agreement, I **must** pass the ARRT(CT) examination before the expiration of this Temporary License, which is valid for a two-year period from my application start date. I must submit evidence of certification in CT in order to continue working in CT. This temporary license is non-renewable.

Furthermore, I understand that I am responsible for meeting eligibility requirements set forth by the ARRT for the CT examination.

Printed Name: _____ Date: _____

Signature: _____

OR

2. I, the undersigned ARRT (R) or ARRT (T) applicant, understand that by signing this agreement, I **must** pass the NMTCB PET examination before the expiration of this Temporary License, which is valid for a two-year period from my application start date. I must submit evidence of certification in PET in order to continue working in PET. This temporary license is non-renewable.

Furthermore, I understand that I am responsible for meeting eligibility requirements set forth by the NMTCB for the PET examination.

Printed Name: _____ Date: _____

Signature: _____

Questions:

Direct questions to Radiologic Technologist Licensure Program

Phone: (501)661-2301

email address: radiation.administration@arkansas.gov

SEND COMPLETED APPLICATION WITH A CHECK OR MONEY ORDER TO:

ADH/RTL Program
Freeway Medical Building
5800 W. 10th Street, Suite 401
Little Rock, Arkansas 72204