

APPLICATION INSTRUCTIONS FOR AN INITIAL LICENSE AS A RADIOLOGIST ASSISTANT

Page 1 of 2

This application cannot be used to renew a license

General Instructions:

- Make sure the application is complete with all appropriate questions answered.
- To be eligible to apply for the license offered through this application, you must hold a current New Jersey license in Diagnostic Radiologic Technology.
- Under the Federal Privacy Act, 5 USC 552a disclosure of your Social Security Number is voluntary under the Federal Privacy Act, 5 USC 552a. It is used solely as an internal identifier.
- You must submit a copy of your diploma or other proof that you completed at least a bachelor's degree from an accredited college or university in the United States or its equivalent (i.e., foreign education that has been evaluated and deemed to be equivalent).
- Sign the application and have it notarized by a notary public with a current date.
- A nonrefundable/nontransferable fee of **\$60** must accompany the application. Payment must be by personal check or money order, made payable to **Treasurer, State of New Jersey**.

License Requirement:

In addition to the above, to be eligible for a license as a Radiologist Assistant, you must meet one of the three licensure options on Page 2 of the application:

1. If you are applying under Option 1: Please submit your diploma or other proof that you have completed an American Registry of Radiologic Technologists (ARRT) approved Radiologist Assistant school and proof of your current ARRT certification in Radiologist Assistant.
2. If you are applying under Option 2: Please submit proof of your current ARRT certification in Radiologist Assistant, proof of completing a Radiologist Assistant program and documents contained in the examination/license appendix found at [www](#). (link to RA information page)
3. If you are applying under Option 3: Please submit documents contained in the examination/license appendix found at [www](#). (link to RA information page); proof of your current national certification in Radiologist Assistant and information from that organization regarding its examination and continuing education requirements.

Please note if you are applying under Options 2 or 3, approval of your application by the Radiologic Technology Board of Examiners will be needed. Applications must be deemed administratively complete at least 45 days prior to the Board meeting.

Please send application and fee with the necessary supporting documentation to:

Department of Environmental Protection, Bureau of X-Ray Compliance

Address if using the US Postal Service:

PO Box 420 (Mail Code 25-01), Trenton, New Jersey 08625-0420

Address if using Overnight Delivery (e.g. FedEx, UPS, etc):

25 Arctic Parkway, Ewing, New Jersey 08638

Contact Information

Tel: (609) 984-5890 Fax: (609) 984-5811 Internet address: www.xrav.nj.gov



Name
 Mr.
 Ms. _____
 Last First MI

Address _____
 Street # Apt. #

 City ST Zip County

Social Security Number _____
Date of Birth: _____
Telephone No.: _____ (Home)
 _____ (Work)
Email: _____

Do you hold a current New Jersey license in Diagnostic Radiologic Technology: Yes No . If No, you must be licensed before you can apply for a Radiologist Assistant license.

PLEASE PLACE A CHECK NEXT TO THE LICENSURE OPTION IN WHICH YOU WANT TO APPLY UNDER:
 (See page1 for details and a list of information that must be submitted with your application)

1. I: **(a)** successfully completed an American Registry of Radiologic Technologists (ARRT) approve Radiologist Assistant school and **(b)** am currently certified by the ARRT as a Radiologist Assistant; or
2. I: **(a)** successfully completed a Radiologist Assistant school not approved by the American Registry of Radiologic Technologists (ARRT) and **(b)** am currently certified by the ARRT as a Radiologist Assistant; or
3. I: **(a)** successfully completed a Radiologist Assistant school not approved by the American Registry of Radiologic Technologists (ARRT) and **(b)** am currently certified as a Radiologist Assistant by a national certifying body other than the ARRT.

MORAL CHARACTER STATEMENT

Have you ever been convicted of any Federal or state crime(s)? Yes No
 If yes, please submit official documentation from the court that includes the date(s) of conviction, the name and degree of the crime(s), the court sentence(s) and the status of completing the sentence(s).

NOTARIZE HERE

I understand that any false statement made by me may be cause for the denial of this application and may subject me to penalties allowed by law. _____ Signature of Applicant Maiden Name (if any)	Sworn to and subscribed before me this _____ day _____ A.D. _____ _____ Signature of Official Administering Oath _____ Title (Official Seal)
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Bureau Use Only:

Amount Received: _____ Check # _____ Date Processed _____ License # _____ Initials _____

NJEMS # _____