

## APPLICATION FOR EXAMINATION IN DIAGNOSTIC RADIOGRAPHY, LIMITED RADIOGRAPHY OR RADIATION THERAPY

Name Mr. Ms.					Social Security Number  Date of Birth				
Last	First	First		_					
Address# & Street			Apt #		Telephone No.:	(home)			
						(work)			
City	State	Zip	Country		Email:				
			Diagnostic Radiation Therapy [		Limited Chest Limited Orthope	Limited Podiatric dic Limited Urologic			
Due to changes in the Apay the examination fe									
This is an application f	for (please see rev	erse page f	for details and c	heck an	option):				
Option 1: Exan	nination without a	review of	your eligibility	for a lic	ense (No cost)				
Option 2: Exam	ination with a rev	iew for pre	e-approval for y	ou eligi	oility for a licens	se (\$160.	.00)		
			L CHARACT		ATEMENT				
Have you ever been convicted of any Federal or state crime(s)?						Yes	No		
If yes, please submit of court sentence(s) and th				s the date	(s) of conviction,	the name	and degree of	the crime(s), the	
					NOTA	RIZE H	ERE		
I understand that any false statement made by for the denial of this application and may subjeallowed by law.					and subscribed be day of				
			Signature	of Official Administering Oath					
Signature of Applicant  Maiden Name (if any)					Title (Official Seal)				
Bureau Use Only: Amount Received: NJEMS #		Date l	Processed	Lice	nse #	Initials	<u> </u>		

## APPLICATION INSTRUCTIONS FOR A NEW JERSEY EXAMINATION IN DIAGNOSTIC RADIOGRAPHY, LIMITED RADIOGRAPHY, OR RADIATION THERAPY EFFECTIVE April 28, 2022.

## **General Instructions For Both Options:**

- Make sure the application is complete with all appropriate questions answered.
- Under the Federal Privacy Act, 5 USC 552a disclosure of your Social Security Number is voluntary. It is used solely as an internal identifier.
- All applicants must be 18 years of age at the time of application.
- All applicants must <u>submit</u> a copy of your diploma or other proof that you completed at least a high school level education in the United States or its equivalent (such as a GED or a 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.

## **Explanations of Examination Options:**

Option 1: Examination without a review of your eligible for a license. There is no cost with this option. However, you are still subject to pay directly to the ARRT the cost of the examination. If you choose this option, the Department will only provide the ARRT your contact information. The ARRT will bill you for the examination, administer the examination, and notify the Department of your examination result. The Department will notify you of your score. HOWEVER, passing the examination may not result in a license, if you do not fulfill the educational and clinical competency requirements for the license. You will need to submit proof of fulfilling these requirements when you apply for a license.

If you are a graduate of a New Jersey or JRCERT approved diagnostic radiography, limited radiography, or radiation therapy program within the last 5 years or if you graduated from a New Jersey or JRCERT approved radiography or radiation therapy program more than 5 years ago, but can obtain a letter from a supervising licensed qualified technologist or licensed physician attesting to your employment within the last 5 years to include the dates of employment, a detailed list of procedures performed and a statement regarding your competency in performing these procedures, you mostly do not need pre-approval prior to taking the examination. You cannot obtain this work experience in New Jersey. If you cannot document competent work experience that was legally obtained within the last 5 years, you are not eligible for examination.

Option 2: Examination with a review for pre-approval of your eligibility for a license. A nonrefundable/nontransferable fee of \$160.00 must accompany the application. (Payment must be by personal check or money order, made payable to Treasurer, State of New Jersey). If you choose this option, a determination of your eligibility for a license will be made. If you are eligible, the Department will provide the ARRT with your contact information. The ARRT will bill you for the examination, administer the examination, and notify the Department of your examination result. The Department will notify you of your score. If you pass the examination, you will only need to submit the examination eligibility letter and your examination score with your license application.

You may want to consider this option, if you are not a graduate of a New Jersey or JRCERT approved diagnostic radiography, limited radiography, or radiation therapy program, since we will need to determine that you completed an equivalent program. You will need to submit information contained in the "Examination/License Appendix" that is available on our webpage. Also, needed is proof of documented competent work experience obtained within the last 5 years. This requires a letter from a supervising licensed qualified technologist and licensed physician attesting your employment within the last 5 years to include the dates of employment, a detailed list of procedures performed and a statement regarding your competency in performing these procedures. You cannot obtain this work experience in New Jersey. If you cannot document competent work experience that was legally obtained within the last 5 years, you are not eligible for examination.

For examination information, please go to www.state.nj.us/dep/rpp/tec/LicInfo.htm and click on the category of interest. For the cost that you must pay to the ARRT, please call the Bureau of X-ray Compliance at 609-984-5890.

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

Department of Environmental Protection, Bureau of X-Ray Compliance US Postal Service: PO Box 420 (Mail Code 25-01), Trenton, New Jersey 08625-0420

Overnight Mailing Address: 25 Arctic Parkway, Ewing, New Jersey 08638 (Use this address for UPS, FedEx, etc.)

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