Clear Form

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

Name

☐ Mr.
☐ Ms. _____
Last First MI

Address _____
& Street Apt

_____
City State Zip Country

Social Security Number _____

Date of Birth _____

Telephone No.: _____
(home)

_____
(work)

Email: _____

This is an application for (please check one) ☐ **License ($60)** ☐ **Examination ($160)**

Check the Appropriate Category

☐ Diagnostic
☐ Radiation Therapy
☐ Limited Chest
☐ Limited Orthopedic
☐ Limited Podiatric
☐ Limited Urologic

Radiologic Technology School Completed:

Name	City and State	Graduation Date

PLEASE PLACE A CHECK NEXT TO THE LICENSURE OPTION IN WHICH YOU WANT TO APPLY UNDER:
(See page 1 for details and a list of information that must be submitted with your application)

1. ☐ I: **(a)** am currently certified by the American Registry of Radiologic Technologists (ARRT) and **(b)** successfully completed either a New Jersey or JRCERT approved educational program or the equivalent.

2. ☐ I: **(a)** passed the State examination or an equivalent examination within the last 5 years and **(b)** successfully completed either a New Jersey or JRCERT approved educational program or the equivalent within the last 5 years.

3. ☐ I: **(a)** passed the State approved examination or an equivalent examination within the last 5 years and **(b)** successfully completed either a New Jersey or JRCERT approved educational program or the equivalent more than 5 years ago, but **(c)** can document competent work experience obtained in another state within the last 5 years.

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 of _____ A.D. _____

Signature of Official Administering Oath

_____
Title (Official Seal)

Bureau Use Only:
Amount Received: _____ **Check #** _____ **Date Processed** _____ **License #** _____ **Initials** _____
NJEMS # _____

APPLICATION INSTRUCTIONS FOR A NEW JERSEY EXAMINATION OR LICENSE IN DIAGNOSTIC RADIOGRAPHY, LIMITED RADIOGRAPHY, OR RADIATION THERAPY EFFECTIVE July 1, 2016

This application cannot be used for license renewal or for an initial license in Dental Radiologic Technology or Fusion Imaging CT Technology

General Instructions:

- 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 **submit** 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. (Notaries can be found in your local telephone book)
- A nonrefundable/nontransferable fee must accompany all applications (**License fee is $60.00 or Examination fee is $160.00**). Payment must be by personal check or money order, made payable to Treasurer, State of New Jersey.

Special Instructions:

For Examination information or If you did not graduate from a NJ or JRCERT approved school or For other license applications: Go to www.state.nj.us/dep/rpp/tec/LicInfo.htm and click on the license category of interest for information.

To be eligible for a license in any of the license category on Page 2, the applicant must comply with **one** of the three licensure options on Page 2 of the application:

1. If you are applying under Option 1: Please submit your current ARRT certification and proof of completing a NJ or JRCERT approved program or the equivalent[1].

2. If you are applying under Option 2: Please submit proof that you passed the State or an equivalent[2] examination within the last 5 years and proof of completing a NJ or JRCERT approved program or the equivalent[1] within the last 5 years.

3. If you are applying under Option 3: Please submit proof that you passed the State or an equivalent[2] examination within the last 5 years, proof of completing a NJ or JRCERT approved program or the equivalent[1] and a letter from a supervising 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.

[1] Equivalency will be determined by the Board based on its review of the educational materials that are submitted.
[2] If you passed another state's examination, you must submit proof of a current license and information from that state agency regarding its examination.

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