

Please check your level of licensure

___ Radiographer

___ Nuclear Medicine Technologist

___ Radiation Therapist

___ Radiologist Assistant



Rhode Island
Board of Radiologic Technology
Room 205
3 Capitol Hill
Providence, RI 02908-5097

- Diagnostic
 Non-diagnostic

Supplemental Computed Tomography (CT) Certification Application

Name: _____
Full Name (Please Print or Type)

Current RI License Number: _____
(if applicable)

Home Address: _____
(Number and Street)

(City, State, and Zip Code)

(Home Phone)

(Business Phone)

- I am currently certified by the American Registry of Radiologic Technologists (ARRT) in Computed Tomography (CT).
- I have contacted ARRT to request verification of CT certification, to be sent to the RI Board of Radiologic Technology. This verification must be sent directly from the ARRT to the RI Board.
- I have included the fee (by check or money order) of fifty dollars (\$50), payable to "RI General Treasurer".
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