



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

RADIOGRAPHER LICENSURE APPLICATION

For Office Use Only
License #
Issue Date
Exp. Date

Please check one: [] Initial Licensure [] Reinstatement CT License #

First Name: MI: Last Name: Maiden Name:

SS #: E-mail:

Name and Mailing Address: This is how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on license:

Address:

City, State, Zip:

Phone number: Date of birth: Gender:

PROFESSIONAL EDUCATION:

Institution:

Address: NO. & STREET CITY STATE ZIP CODE

Dates attended From: To:

Degree/Diploma received: Date received:

Have you passed the exam of the American Registry of Radiologic Technologist? YES NO

If yes, which exam (check one): Radiography Radiation Therapy Technology

Date passed: ARRT ID number:

Are you currently certified by the American Registry of Radiologic Technologist? YES NO

List all states/territories/Canadian provinces in which you are now or have ever been licensed/certified or registered. (Attach additional sheets if necessary.)

Table with columns: STATE, LIC./REG./CERT. NUMBER, EXPIR. DATE, EXAM, ENDORSEMENT

PROFESSIONAL HISTORY

Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following:
 - Any hospital, nursing home, clinic, or similar institution;
 - Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
 - Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
 - Any third party reimbursement program, whether governmental or private? YES NO
2. Have you ever had your membership in or certification by any professional society or association Suspended or revoked for reasons related to professional practice? YES NO
3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? YES NO
4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES NO
5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. YES NO

If your answer is "yes" to any of the above questions (1-5), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES NO

If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES NO

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:

NOTARIZATION:



On this _____ day of _____ 20 _____,

_____ (*applicant's name*) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

Signature of Applicant

Signature of Notary Public

Commission Expires

Please return this application and the fee for \$200.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:

Department of Public Health
Radiographer Licensure-Remittance Unit
410 Capitol Ave., **MS# 12 MQA**
P.O. Box 340308
Hartford, CT 06134-0308

IMPORTANT: Please do not send this form and fee unless you have read and understood the licensing policies and requirements. All fees are nonrefundable.