



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

Name

Mr.
 Ms. _____
Last First MI

Social Security Number _____ - _____ - _____

Date of Birth: ____/____/____

Address _____
#. & Street Apt. #

Telephone No.: (____) _____ - _____
(home)
(____) _____ - _____
(Work)

Email: _____

_____ City ST Zip County

This is an application for (please circle one)

Examination (\$160)

License (\$60)

If examination, have you ever taken before? Yes ___ No ___ If Yes, list date of last exam _____ Number of times taken _____

Circle the Appropriate Category:

- | | | |
|-------------------|--------------------|------------------|
| Diagnostic | Limited Chest | Limited Dental |
| Radiation Therapy | Limited Orthopedic | Limited Urologic |
| | Limited Podiatric | |

EDUCATION: Submit Copy of Diploma/Certificate (Attach additional sheets if more space needed)

School	Program ID	Address	Attendance (mth/yr)	
			From	To

TOTAL HOURS: Didactic _____ Laboratory _____ Clinical _____

EMPLOYMENT: (Attach additional sheets if more space needed)

From mth/yr	To mth/yr	Total # on mths	Name of Employer	Address of Employer	Type of Procedures Performed

NATIONAL CERTIFICATION IN LICENSE CATEGORY

Do you hold a current certificate from the American Registry of Radiologic Technologists? ___Yes ___No
If "Yes", forward a copy of your current identification card.
Do you hold a current certificate from the Dental Assisting National Board, Inc.? ___Yes ___No
If "Yes", forward a copy of your current certificate.

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 as well as any future examination or license applications 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** _____

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

This application cannot be used for License Renewals

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 (**Examination fee is \$160.00 or License fee is \$60.00**). Payment must be by personal check or money order, made payable to **Treasurer, State of New Jersey**.
- Applicants for a dental radiographic technology examination or license must go to <http://www.nj.gov/dep/rpp/tec/dental.htm> for additional information.

For additional information on filling out this application go to <http://www.nj.gov/dep/rpp/tec/LicInfo.htm>.

Examination Failure Limit - All Examination Categories

Pursuant to N.J.A.C. 7:28-19, an applicant can make up to 4 attempts to pass the examination. If an applicant is not successful after the third attempt, a person is not permitted to take the examination a fourth time until the person has submitted proof of completion of a remedial course that includes a full review of course material in areas of low performance as identified by the examination. According to N.J.A.C. 7:28-19.6(f), after the fourth failure, a person is not permitted to retake the examination until the person has submitted proof that he or she has re-enrolled and successfully completed a remedial course of study in Radiologic Technology Board of Examiners (Board) approved school of radiologic technology or an equivalent school as determined by the Board.

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
Tel: (609) 984-5890 Fax: (609) 984-5811 Internet address: www.nj.gov/dep/rpp
Overnight Mailing Address: 25 Arctic Parkway, Ewing, New Jersey 08638
(Use this address for UPS, FedEx, etc.)