

PREVIOUS EMPLOYER:

EMPLOYER _____ AREA CODE / PHONE # / EXT _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME OF SUPERVISOR _____ SUPERVISOR PHONE _____ EMPLOYED FROM: _____ MO YR TO MO YR

EDUCATIONAL INFORMATION

RADIOLOGIST ASSISTANT PROGRAM _____ (DIPL., CERT., DEGREE)

ADDRESS OF INSTITUTION _____ CITY _____ STATE _____ MO. & YR OF GRADUATION _____ PHONE NUMBER _____

CLINICAL PRECEPTORSHIP SITE _____ SUPERVISING RADIOLOGIST _____ YEAR _____

MISCELLANEOUS INFORMATION

Please write "YES" or "NO" in the spaces below

Have you ever been convicted of any crime?

Have you ever been convicted of a crime involving moral turpitude?

Have you ever had an application for a license or certificate denied?

Have you ever had a license or certificate disciplined, suspended or revoked?

If yes on any questions, see Miscellaneous Question Instructions online or call MRTBE.

Having filed an application for certification by the Medical Radiologic Technology Board of Examiners (MRTBE), I authorize and request every person, company, governmental agency or institution having control of information pertaining to my educational and professional background to furnish to the MRTBE information pertaining to this application and to permit the MRTBE or its representatives to inspect and make copies of such information.

I hereby release the MRTBE and its representatives from any liability arising out of the furnishing or inspection of such information. The Authorization and Release form will only be utilized by the MRTBE to confirm application matters relevant to education, work history, and enforcement matters authorized by Arizona Revised Statutes 32.2801, et. Seq.

I, _____ (type or print name), do solemnly swear or affirm that the foregoing information completed by me, or submitted by or for me, is true, complete and correct to the best of my knowledge. Furthermore, should any part of the information herein provided prove to be false, it shall be just cause for the revocation of any Certificate issued by the Arizona Medical Radiologic Technology Board of Examiners.

NOTARY PUBLIC

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____ 20____

DATE

Notary Public

My commission expires: _____

**NOTICE: Incomplete applications will be returned to applicant.
Do not leave any area blank.**

RADIOLOGIST LETTER OF AGREEMENT

DATE: _____

APPLICANT: _____

FACILITY: _____

Address: _____

City, State, Zip Code: _____

This letter is to serve as acknowledgement that _____
will be employed by _____ under my supervision.

As a Radiologist Assistant, _____ will perform a variety of activities in the areas of patient care, patient management, clinical imaging and interventional procedures. It is also recognized that he/she may not interpret images, make diagnosis or prescribe medications or therapies.

I am a radiologist licensed by the State of Arizona as a physician and certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

Sincerely,

Supervising Radiologist

Printed Name: _____