

MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

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IMPORTANT LICENSE INFORMATION

WEBSITE: arra.az.gov

DISPLAY OF CERTIFICATE: A.R.S. 32-2817.B. requires every certificate holder to display a certificate at their place of employment. Your original certificate must be posted at your main place of employment. If you have secondary employment, post a copy of the original with documentation of where the original certificate is posted. ***Licenses are issued only one original certificate.***

WALLET CARDS are **no longer** being issued.

CERTIFICATE EXPIRATION: Certificates expire every two years on the last day of your birth month. Licensees whose last names begin with the letters A-M renew in even-numbered years; licensees whose last name begins with N-Z renew in odd-numbered years.

ADDRESS CHANGE: Certificate holders should notify the Board within 60 days of an address change by submitting an address change online, or in writing to the address or FAX number at the top of this page. It is **your** responsibility to ensure your contact information is current at all times. If you hold more than 1 license be sure to update your address for all accounts. **Note: your address with ARRT, NMTCB, or CBRPA must match with MRTBE.**

NAME CHANGE: You must submit supporting documentation (i.e., marriage license, divorce decree), a signed statement of what you are requesting, and \$10.00 per certificate fee to the address at the top of this page. It will take 2 to 4 weeks for the replacement certificate to be issued. **Note: your name with ARRT or NMTCB must match your name with MRTBE.**

CERTIFICATE/SEAL LOSS, THEFT OR DESTRUCTION: A new **certificate** cannot be issued until a signed statement is submitted to the MRTBE describing the circumstances of the loss, theft or destruction of the current certificate and a replacement fee of \$10.00 per certificate is received. The signed statement and fee should be mailed to the address at the top of this page. It will take 2 to 4 weeks for a replacement certificate to be issued. For a lost, stolen or destructed **seal** submit by fax, email or mail a statement of what happened to the seal and a new one will be mailed to the address provided on file.

RENEWALS:

Licenses may be renewed online at arra.az.gov. A printable receipt is provided. Make sure you print or save receipt as the MRTBE office does not provide receipts for payments received. Renewals CANNOT be done on mobile devices. **MRTBE and ARRT ARE SEPERATE ENTITIES - BE SURE TO RENEW EACH ONE AT THE APPROPRIATE TIME!**

- MRTBE mails out renewal forms 2 months prior to your expiration month. The MRTBE is not under any obligation to notify you when it is time to renew your license. **It is your responsibility to ensure your license is current and your contact information is accurate.**
- In order to renew a **CTCT** or **CMT** license you **must first renew** your CRT, CTT or CNMT license.
- **CE UNITS REQUIRED TO RENEW: CRT, CTT, CNMT, CPTU, CMT, CTCT (24); CPTR (6); CPTP (2); PTBD (2)** Proof of current registration/certification with ARRT or NMTCB is acceptable in lieu of 24 general CEU's. Copies of CEU documentation must be readable and contain the date completed.
- Renewal forms must be postmarked (with US Postal Service Postmark), or received in the MRTBE office on or before the last day of your birth month to avoid a late fee and interruption in your legal ability to practice in the State of Arizona.
- Licenses may be renewed up to 30 days past the date of their expiration by including a \$50 late fee with the renewal fee. After 30 days, a new application is required. **YOU MAY NOT PRACTICE IN ARIZONA UNTIL YOUR LICENSE IS RE-INSTATED / RENEWED.**
- If you are not practicing in the field in Arizona, you may place your license on "INACTIVE" status by checking the corresponding box on your renewal application. **SEND NO MONEY!** When you are ready to start practicing again, call for your prorated renewal fees and submit with a renewal form.

ATTENTION

IF YOU ARE CHARGED WITH ANY FELONY, OR CERTAIN MISDEMEANORS INVOLVING CONDUCT WHICH MAY AFFECT PATIENT SAFETY, YOU MUST NOTIFY THE MRTBE OFFICE WITHIN 10 DAYS OF THE DATE THE CHARGES ARE FILED. Arizona Revised Statutes §32-3208 provides more specific information about this law.

MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS LICENSE RENEWAL

4814 S. 40th Street, Phoenix, AZ 85040

REMINDER – YOU CAN RENEW ONLINE AT azrra.az.gov

FEES: CRT – CTT – CPTR – CNMT – CPTP – CPTU = \$60.00; CMT - CTCT =\$20.00 in addition to CRT \$60.00

Note: if renewing your CTCT or CMT license you must renew your CRT, CTT or CNMT license first!

LICENSE # _____ - _____

NAME: _____
STREET: _____
CITY, STATE, ZIP: _____

Please place on “**Inactive**” Status. **I am not** practicing in the State of Arizona. (Skip to signature, you do not need to complete sections I, II, & III) **Do not send a payment.** If and when you re-activate, call for prorated fee and submit with a new renewal form.

PHONE:(_____) _____ - _____ EMAIL: _____

EMPLOYER NAME _____ Phone# _____

SUPERVISOR NAME _____ Phone# _____

I Since your last application: (answer “YES” or “NO” in the blanks below)

1. Have you been convicted of any crime? _____
2. Have you been convicted of or are you under investigation for a crime involving moral turpitude? _____
3. Have you had an application for a license or certificate denied? _____
4. Have you had a **professional** license or certificate disciplined, suspended or revoked? _____

II MRTBE participates in the Employment Eligibility Verification Program.

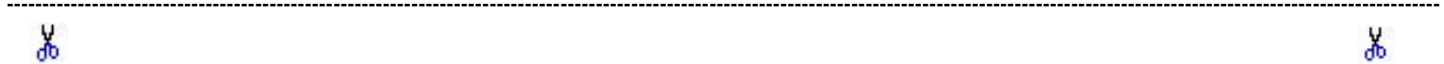
I attest, under penalty of perjury, that I am (**check one of the following**):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____ (Alien # or Admission #) _____

III Please check that you have included:

- Completed renewal application & fees (make checks payable to MRTBE)
 - Applicable CEU’s (CPTR need 6, CPTP need 2; CPR+AED = 6 CEU's) **or** copy of current ARRT/NMTCB card – required for every renewal period
- Note: INCOMPLETE RENEWALS WILL BE RETURNED**

SIGNATURE OF LICENSEE: _____ DATE: _____



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*When renewing in person,
NO credit or debit cards*

NAME _____ LICENSE # _____ - _____

KEEP THIS COPY FOR YOUR RECORDS

DATE _____ AMOUNT PAID BY (Check / Money Order #) _____