

**MEDICAL RADIOLOGIC TECHNOLOGY
BOARD OF EXAMINERS**

Brian D. Goretzki, Chairman

Shanna Farish, Executive Director
4814 South 40th Street Phoenix, AZ 85040-2940
Phone: (602) 255-4845 Fax: (602) 437-0704



**For Computed Tomography Preceptorship Training the following
must be completed in its entirety:**

Application: Notarized, completed application. **Incomplete applications will be returned to applicant.**

Training Form: In addition to the completed application you must submit a completed training form. Both the preceptor and Radiologist must sign the form. Your preceptor must hold a current Arizona CTCT license.

Money: cashier's check or money order made out to MRTBE for \$10. Personal checks not accepted.

Passport Photo – original photo, not a copy. This is a photo that can be obtained at most pharmacies. No computer generated or personal camera photos will be accepted.

Proof Of Legal Residency: A copy of your driver's license AND a copy of your social security card OR a copy of your US Passport. Please make sure that your copies are clearly legible. If we can't read the documentation, we can't use it.

IMPORTANT INFORMATION:

- For CT preceptorship training you must hold a current CRT, CNMT or CTT license.
- Once processed, the preceptorship training form will be faxed and mailed to your facility to the attention of your preceptor. It is your preceptor's responsibility to keep the form accessible in the CT room.
- Remember, while in training, you CANNOT do CT without another certified CT tech on site.

Please Note: It is the licensees' responsibility to report any changes to your personal information. If you do not receive renewals or correspondence from this office because you've moved or have changed the way that you receive mail, you are responsible for late fees or the expiration of your license.

Attach
Photo
Here

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NO PERSONAL CHECKS ACCEPTED

IMPORTANT NOTICE: ARS §32-3801 provides...A professional's residential address and residential telephone number or numbers maintained by a professional board are not available to the public unless they are the only address and numbers of record.

TYPE OR PRINT YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD		Check ONE box for the license that you wish to apply for: (One application per license) <input type="checkbox"/> Radiologic Technologist (CRT) <input type="checkbox"/> Radiation Therapist (CTT) <input type="checkbox"/> Nuclear Medicine Technologist (CNMT) <input type="checkbox"/> Mammography Technologist (CMT) (must have a current CRT license) <input type="checkbox"/> Computerized Tomography (CTCT) (must have a current CRT, CNMT, or CTT license) <input type="checkbox"/> Limited Practical Technologist (CPTR) <input type="checkbox"/> Schedule Examination <input type="checkbox"/> Practical Technologist Podiatry (CPTP) <input type="checkbox"/> Schedule Examination <input type="checkbox"/> Other _____
LAST NAME	FIRST NAME	
MIDDLE NAME	MAIDEN NAME	
CURRENT ADDRESS		
CITY	STATE	
(____) _____ PHONE NUMBER	BIRTHDATE (Required) _____	
EMAIL ADDRESS	SOCIAL SECURITY NUMBER (Required) _____ Male _____ Female	
HAVE YOU EVER APPLIED FOR AN MRTBE LICENSE, WHETHER YOU ACTUALLY RECEIVED ONE?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
**PREVIOUS MRTBE _____ - _____ CERTIFICATES		ISSUED _____/_____/_____ EXPIRED _____/_____/_____
FOR OFFICE USE ONLY		
_____ - _____		I: _____/_____/_____ E: _____/_____/_____
_____ - _____		I: _____/_____/_____ E: _____/_____/_____
_____ - _____		I: _____/_____/_____ E: _____/_____/_____

ARRT, NMTCB or CBRPA # _____ Expiration: _____ (MUST BE CURRENT)

MOST CURRENT EMPLOYER

EMPLOYER _____ AREA CODE/PHONE # / EXT _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME OF ADMINISTRATOR OR DEPT DIRECTOR _____ EMPLOYED FROM: _____ TO _____
MO YR MO YR

PREVIOUS EMPLOYER:

EMPLOYER _____ AREA CODE / PHONE # / EXT _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

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

EDUCATIONAL INFORMATION

Table with columns: INSTITUTION, TYPE OF TRAINING (DIPL., CERT., DEGREE), ADDRESS OF INSTITUTION, CITY, STATE, MO. & YR OF GRADUATION, PHONE NUMBER, OTHER DEGREES, MAJOR, WHERE OBTAINED, 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 professional license or certificate disciplined, suspended or revoked?
If yes on any questions, see criminal charges instructions on website 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.

MRTBE participates in the Employment Eligibility Verification Program.

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

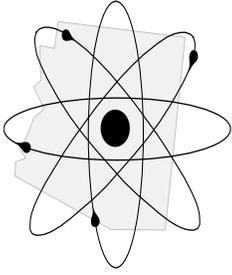
- A citizen or national of the United States
A lawful permanent resident (Alien #)
An alien authorized to work until (Alien # or Admission #)

NOTARY PUBLIC

Subscribed and sworn to before me this ___ day of ___ 20__
SIGNATURE OF APPLICANT
DATE
Notary Public
My commission expires: _____

A.R.S. §41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice
B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact.
D. This section may be enforced in a private civil action and relief may be awarded against the state.
E. A state employee may not intentionally or knowingly violate this section.
F. This section does not abrogate the immunity provided by section 12 820.01 or 12 820.02.

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



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COMPUTED TOMOGRAPHY PRECEPTORSHIP TRAINING

Technologist may begin training in computed tomography after the following information has been submitted to the MRTBE. During the training period, the technologist is considered a student under the guidance of the preceptor which must be a certified computed tomography technologist.

Date_____

Name of Facility

Complete Address of Facility

Phone Number

Fax Number

Printed name of Trainee

Signature of Trainee

Current MRTBE certificate number

Expiration Date

Printed name of Preceptor

Signature of Preceptor

Preceptor's MRTBE CTCT number

Expiration Date

Printed name of Supervising Radiologist

Radiologist's Signature

FOR MRTBE USE ONLY

Date_____MRTBE Signature_____

Expiration Date_____

State Seal