

APPLICATION INSTRUCTIONS

You must complete all sections of this official General X-Ray Machine Operator (GXMO) application and the form must be signed by both the applicant and the didactic Program Director.

Complete this application and check your preferred examination date. Seats at the GXMO examination testing center are limited and are filled on a first-come, first-serve basis. Please note that if you miss the registration deadline, or your preferred examination date is already fully booked, you will be registered for the next available examination date.

APPLICATION SUBMISSION

The following documents must be postmarked to Rad Ed no later than the submission deadline for your preferred exam date, as listed on page 4 of this GXMO official application form:

- Pages 3-4 of this GXMO official application form, filled out (originals only, no copies accepted)
- \$100.00 examination fee (non-refundable and non-transferable)
 - Payment may be made by money order, certified check; no cash or personal checks will be accepted
- Photocopy of the GXMO didactic education course certificate or your Radiography School transcript
- Two (2) self-addressed, stamped #10 business envelopes with first class postage

Mail all completed documents to Rad Ed, 5823 Moff Road, Atwater, Ohio 44201.

APPLICATION CONFIRMATION

We will use one of your self-addressed envelopes to send you a notice of confirmation no later than the 25th day of the month prior to your preferred test date. If you do not receive this notice of confirmation by the 25th day of the month prior to the test, please call Dave Whipple at (330) 697-8422.

Your confirmation packet will include:

- Admission ticket. Please bring this to testing center; **YOU WILL NOT BE ADMITTED TO THE TESTING CENTER WITHOUT THIS TICKET.**
- Assigned test date and time
- Location of the testing center, with map and directions
- Examination instructions

LATE ARRIVALS, NO-SHOWS AND RESCHEDULING

Once the GXMO examination has begun, no late attendees will be admitted. If you fail to arrive at the testing center on time for any reason, you will forfeit your \$100.00 examination fee. To attempt the test again, you must resubmit all documents including a new examination fee.

If you need to reschedule, contact Rad Ed prior to the submission deadline for your examination date, we will accommodate your request. There is a \$25.00 rescheduling fee, which is non-refundable and nontransferable.

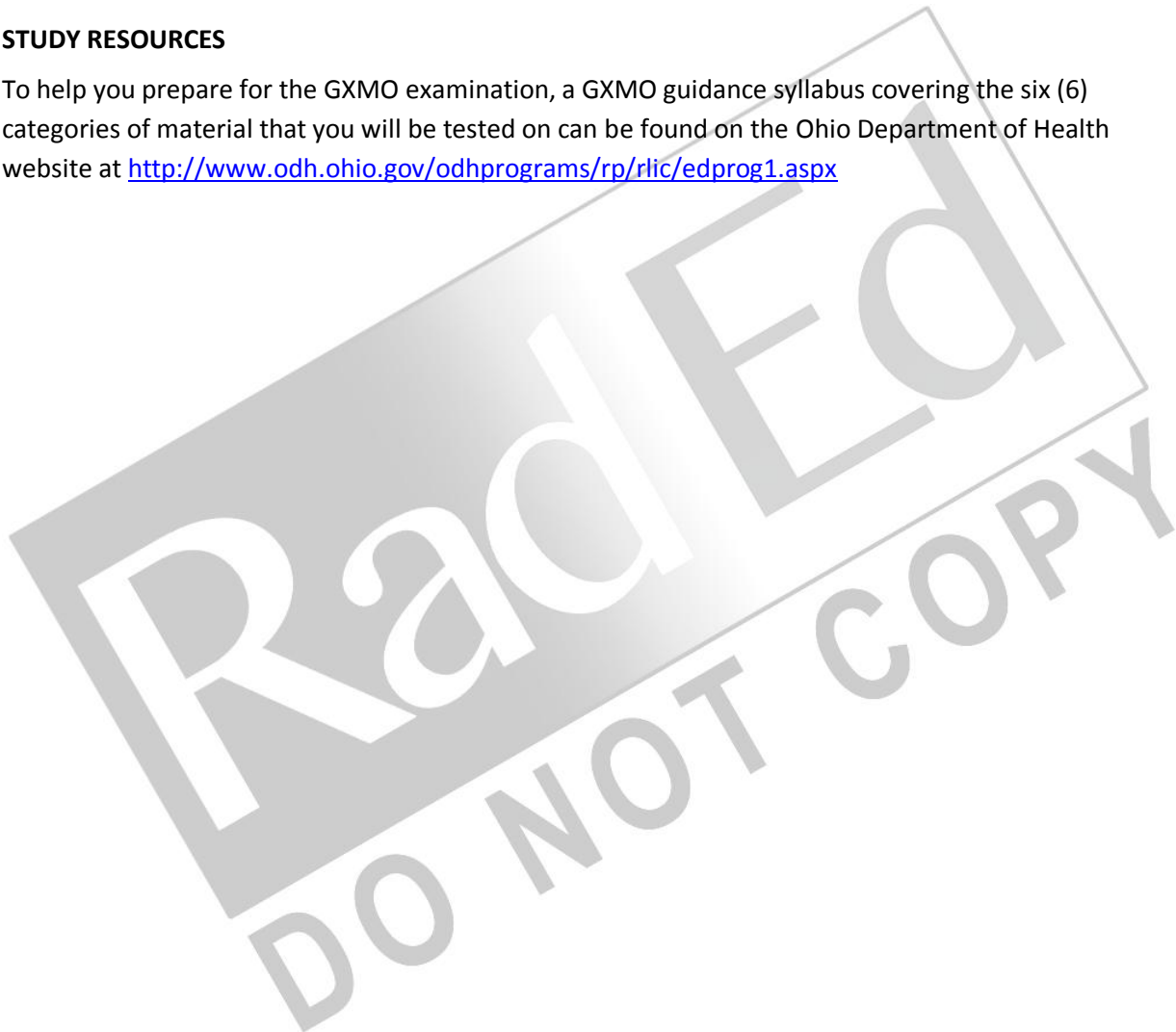


PASSING THE GXMO EXAMINATION

You must score 70% or greater on the GXMO examination to obtain a passing grade. If you fail the GXMO examination, a modified application will be sent to you to re-apply for a future GXMO examination. There are no limits on additional attempts and there is no additional charge for retaking the GXMO examination. However, you must successfully pass the GXMO examination within one (1) year of completing your ODH-approved, didactic educational program; otherwise, remedial education will be required before you can reapply for the GXMO examination.

STUDY RESOURCES

To help you prepare for the GXMO examination, a GXMO guidance syllabus covering the six (6) categories of material that you will be tested on can be found on the Ohio Department of Health website at <http://www.odh.ohio.gov/odhprograms/rp/rlic/edprog1.aspx>



**Ohio Department of Health
GXMO Examination Application**



5823 Moff Road
Atwater, OH 44201
(330) 697-8422

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Birth Date (mm/dd/yyyy) _____ Driver's License # _____ State of License _____

Current Employer Name (If not employed, enter N/A) _____

Employer Address _____

Employer City _____ Employer State _____ Employer Zip Code _____

Education

Didactic Course
Course Name _____
ODH Accreditation Number _____
Don't forget to include: a copy of your didactic course certificate

OR

Radiography School
School Name _____
ODH Accreditation Number _____
Don't forget to include: a copy of your Radiography School transcript

Have you ever taken the ODH GXMO Examination? Yes No If so, when? _____

Payment Method: Certified Check Money Order Make checks payable to Rad Ed.

Program Director's Name (Printed) _____

Program Director's Signature _____

Applicant's Signature _____

**Ohio Department of Health
GXMO Examination Application**



5823 Moff Road
Atwater, OH 44201
(330) 697-8422

Check the exam date you wish to sit for.

<u>Exam Date</u>	<u>Submission Deadline</u>	<u>Post-mark (Rad Ed use only)</u>	<u>Exam Date</u>	<u>Submission Deadline</u>	<u>Post-mark (Rad Ed use only)</u>
<input type="checkbox"/> 07/08/2013	06/08/2013		<input type="checkbox"/> 07/14/2014	06/14/2014	
<input type="checkbox"/> 08/12/2013	07/12/2013		<input type="checkbox"/> 08/11/2014	07/11/2014	
<input type="checkbox"/> 09/09/2013	08/09/2013		<input type="checkbox"/> 09/08/2014	08/08/2014	
<input type="checkbox"/> 10/14/2013	09/14/2013		<input type="checkbox"/> 10/13/2014	09/13/2014	
<input type="checkbox"/> 11/11/2013	10/11/2013		<input type="checkbox"/> 11/10/2014	10/10/2014	
<input type="checkbox"/> 12/16/2013	11/16/2013		<input type="checkbox"/> 12/08/2014	11/08/2014	
<input type="checkbox"/> 01/05/2014	12/06/2013		<input type="checkbox"/> 01/12/2015	12/12/2014	
<input type="checkbox"/> 02/10/2014	01/10/2014		<input type="checkbox"/> 02/09/2015	01/09/2015	
<input type="checkbox"/> 03/10/2014	02/10/2014		<input type="checkbox"/> 03/09/2015	02/09/2015	
<input type="checkbox"/> 04/14/2014	03/14/2014		<input type="checkbox"/> 04/13/2015	03/13/2015	
<input type="checkbox"/> 05/12/2014	04/12/2014		<input type="checkbox"/> 05/11/2015	04/11/2015	
<input type="checkbox"/> 06/09/2014	05/09/2014		<input type="checkbox"/> 06/08/2015	05/08/2015	