

**WEST VIRGINIA MEDICAL IMAGING AND RADIATION  
THERAPY TECHNOLOGY BOARD OF EXAMINERS**

1715 FLAT TOP ROAD

P.O. BOX 638

COOL RIDGE, WEST VIRGINIA 25825

TELEPHONE (304) 787-4398 TOLL FREE (877) 609-9869 FAX (304)787-3030

EMAIL: [wvrtboe@suddenlinkmail.com](mailto:wvrtboe@suddenlinkmail.com) WEB PAGE: [www.wvrtboard.org](http://www.wvrtboard.org)

**RENEWAL BY CREDIT CARD AVAILABLE ON-LINE FOR LICENSEES THAT ARE ACTIVE ARRT**

**APPRENTICE LICENSE RENEWAL APPLICATION**

(Please Print or Type)

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_  
(County) (City) (State) (Zip)

Telephone: (\_\_\_\_\_) Optional Telephone Number ( Cell ): (\_\_\_\_\_) \_\_\_\_\_

West Virginia License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Work phone #: (\_\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer: Primary: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(County) (City) (State) (Zip) (County) (City) (State) (Zip)

Working as R.T. \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Number of Hours per week \_\_\_\_\_

Setting of Employment: Hospital \_\_\_ Private Practice \_\_\_ Clinic \_\_\_ Mobile \_\_\_ Other \_\_\_\_\_

Speciality: Radiographer \_\_\_ Therapist \_\_\_ Nuclear \_\_\_ MRI \_\_\_ Ultrasound \_\_\_ Other \_\_\_\_\_

**MARK A 1 IN YOUR PRIMARY SPECIALITY AND A 2 IN YOUR SECONDARY SPECIALITY IF APPLICABLE.**

**FEE: \$ 65.00 AFTER EXPIRATION OF PRESENT LICENSE: \$ 90.00**

**Current ARRT or NMTCB card showing CE compliance or documentation of CE's  
must be submitted with this application.**

**The questions in this section must be answered before a license can be issued.**

Do you have a child support obligation? YES \_\_\_ NO \_\_\_ Are you in delinquent? YES \_\_\_ NO \_\_\_ NA \_\_\_  
Have you ever been convicted of a felony in the past five (5) years in this or any other state? YES \_\_\_ NO \_\_\_ Have  
you ever been convicted of a misdemeanor in the Radiological Sciences? YES \_\_\_ NO \_\_\_ (If "yes" to any of the  
questions, please give particulars and disposition on a separate sheet).

**DECLARATION**

I declare that the statements made herein and on accompanying papers have been examined by me and to the best of my knowledge and belief are true and correct. I agree to abide by all Rules and Regulations issued by the Board. I further understand that a false statement knowingly made by me may be the cause for suspension and revocation of any license issued pursuant to this application and for criminal prosecution and punishment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

(Revised 5/07)