

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS A RADIOLOGIC
TECHNOLOGIST IN VIRGINIA**

(This form has been designed to be used as a checklist when preparing to submit your application.)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

This is the application for a Radiologic Technologist. It is not the application for a Limited Radiologic Technologist, a Radiologic Assistant or a traineeship.

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of radiologic technology in Virginia. They can be found at:

http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board.

The Board provides an electronic checklist for your convenience in tracking your application. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at medbd@dhp.virginia.gov with "Radiologic Technologist Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist in the Pending Licensing section, your license may have been issued by the Board. Before calling the Board, please call 804-270-6836 or visit <https://www.license.dhp.virginia.gov/license/>, and use your current User ID and Password to login and view your newly issued license. If you need technical assistance with the online process, contact the agency's Call Center at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

**INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR LICENSURE AS A
RADIOLOGIC TECHNOLOGIST BY EXAMINATION/ENDORSEMENT**
(This form has been designed for use as a checklist for submitting required documentation.)

- Complete the online application** <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$130.00. Application fees may only be paid using Visa, MasterCard or Discover.
- Employment Activity Questionnaire (Form B)** – Forward Form B to all places where you practiced as a radiologic technologist for the past five (5) years or since graduation, if less than five (5) years. If working for a placement company or temporary locum tenens, a Form B must be received for each location where service was provided. This form **may** be faxed to 804-527-4426, emailed to medbd@dhp.virginia.gov or mailed by the source completing the document.
- Certificate of Professional Education (Form L)** - Form L must be completed by your professional school as directed: If your school is no longer in existence, you may submit a written explanation with a notarized copy of your diploma, or if you received other training accepted by the American Registry of Radiologic Technologists to become certified, written evidence (e.g. notarized copy of original certificate) must be submitted to the board. This documentation **may not** be faxed or emailed.
- License Verification**–Verification of radiologic technologist licenses from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a license/certificate or registration must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a license to inquire about having verification forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by fax to (804) 527-4426, email to medbd@dhp.virginia.gov, or mailed.
- Form E** - This form should be mailed directly from the ARRT to the board office. This documentation **may not** be faxed or emailed. Certification must be requested from:

The American Registry of Radiologic Technologist
1255 Northland Drive
Mendota Heights, Minnesota 55120-1155,
(651)687-0048
www.arrt.org

Please note:

*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, addresses on file with the Board of Medicine are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, with the application of new technology, which makes this information more accessible, there has been growing concern of those licensees who supply their residence address for mailing purposes. This notice is to reiterate that the Board of Medicine maintains only one address for each licensee and will allow the address of record to be a Post Office Box or practice location.

▶ Applications not completed within 12 months may be purged without notice from the board. Applications not completed within 12 months are considered inactive. Applicants who would like to continue the process after 12 months will be required to submit a new application and fee.

▶ Virginia is a direct verification state. All supporting documents must come from the original source unless specifically noted in the instructions.

▶ Additional information not already listed may be requested at any time during the process.

▶ Application fees are non-refundable.

▶ The Board's mailing address is

**The Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233**

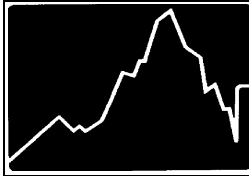
▶ Email inquiries are normally responded to within 2 business days. Send your email inquiries to **medbd@DHP.Virginia.gov**. Please include “**Radiologic Technologist Application**” in your subject line.

▶ Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

*If you are granted a Virginia license please be advised that continued learning is required after the first renewal cycle following initial licensure. Requirements can be found on the Board's website.

*Contact person Beulah Archer 804-367-3051. Email beulah.archer@dhp.virginia.gov – website: www.dhp.virginia.gov

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Osteopathy and Surgery | <input type="checkbox"/> Radiologic Technologist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Medicine and Surgery | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Radiologic Technologist - Limited |
| <input type="checkbox"/> BCaBA | <input type="checkbox"/> Midwife | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Radiologist Assistant |
| <input type="checkbox"/> BCBA | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Polysomnographic Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Occupational Therapist Assistant | | |



Rev. 7/17

Virginia Department of Health Professions

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Phone: (804) 367-4600
Fax: (804) 527-4426
Email: medbd@dhp.virginia.gov

Please provide name and address of setting/organization exactly as it appears on your application chronology.

Clearly print/type name of applicant

Name of Setting: _____

Address: _____

Last 4 of Social Security Number XXX-XX-_____

City, State, Zip: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____
from _____ to _____.
(Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (please indicate with check mark) Recommend highly and without reservation Recommend as qualified and competent
 Recommend with some reservation (explain) _____
 Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____

5. The above report is based on: (please indicate with check mark)
 Close personal observation General impression A composite of evaluations
 Other: _____

Date (Required): _____

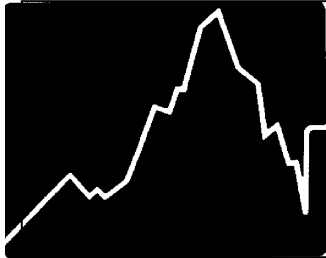
Signed by: _____

Print or type name: _____

Signator Contact Number: (_____) _____

Title: _____

Print Name: _____



Department of Health Professions
Commonwealth of Virginia

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

FAX (804) 527-4426
(804) 367-3051

To Whom It May Concern:

The person listed below is applying for a license to practice as a radiologic technologist in the Commonwealth of Virginia. The Board of Medicine requests that the form be completed by each jurisdiction in which he/she holds or has held a license/certificate. Please complete the form and return it to the address below. Thank you.

Commonwealth of Virginia
Department of Health Professions
Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Name of Applicant (Please print or type.)

License/Certificate #

=====

Name of Licensee _____ State/Commonwealth of _____

License/Certification number _____ Issued effective _____

Licensed/certified through (check one)

National Examination State Board Examination Reciprocity from (Name of State) _____

License/certificate is: Current Lapsed

Has the applicant's license/certificate ever been suspended or revoked? Yes No

If yes, for what reason?

Derogatory information, if any

Comments, if any

BOARD SEAL

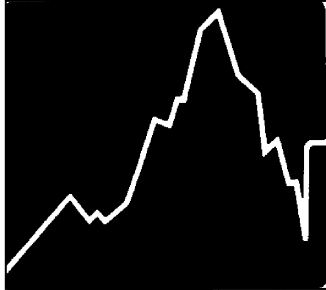
Signed _____

Title _____

State Board _____

NOTE TO APPLICANT: PLEASE PROVIDE LICENSE NUMBER AND FORWARD TO STATE INDICATED

Print Name at present _____



Department of Health Professions
Commonwealth of Virginia

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

(804) 367-3051

Submit this form to your professional school for completion. For identification purposes, provide your full name at the time of graduation and date of graduation. Instruct your school to return the completed form directly to the Virginia Board of Medicine.

Certificate of Professional Education

It is hereby certified that _____
(Name of Applicant)

enrolled in _____ on _____
(Course of Study) (Date)

and received a diploma from _____
(Name of Institution)

conferring the degree of _____ on _____
(Degree) (Date)

(President, Secretary or Dean)

SCHOOL SEAL

Completed form must be mailed to:

Beulah Archer, Licensing Specialist
Virginia Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Print Name: _____

Please complete this form and forward to:

The American Registry of Radiologic Technologists
1255 Northland Drive
Mendota Heights, Minnesota 55120
FAX #: 651-681-3297

I am applying for licensure to practice radiological technology in the Commonwealth of Virginia and am requesting that a letter of good standing be forwarded to the address below:

Virginia Board of Medicine – Beulah Archer
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
804-367-3051

Name: _____		
First	Middle	Last
Address: _____		

Date of Birth: _____	Social Security #: _____	
Daytime Telephone #: () _____		
ARRT Registry #: _____		
Name Certified By (If different from above): _____		
Month/Year of Examination: _____		

Applicant's Signature		