Please read entire content as it pertains to changes in <u>Part 401</u> in regards the limited scope examination.

## ARRT is only accepting payment by credit card. Instructions will be sent upon acceptance and processing of application.

The completed and signed application can be sent by email to <a href="mailto-ema.radtech@illinois.gov">ema.radtech@illinois.gov</a> or faxed 217-785-9946. Once the application is received and processed an email will be sent with a link on how to pay the \$150 fee directly to ARRT. You will not need to mail us anything.



## ILLINOIS EMERGENCY MANAGEMENT AGENCY

## **Application for Examination in Limited Radiography**



- 1. The application must be complete, signed and legible. Print or type all information.
- 2. The \$150 fee is payable to ARRT by credit card. Payment instructions will be emailed after processing application. Application fees are non-refundable.
- 3. Please email (ema.radtech@illinois.gov) or fax (217-785-9946) the completed application.
- 4. If you have any questions, please call 217-785-9913.

Social Security Number:	Birthdate: (mm/dd/yyyy)					
(###-###) Name:			Business Telephone:			
Last	First	MI				
Address:			Home/Cell Telephone:			
	Number and Street					
			Email (Required):			
City	State	Zip			Grades will be se	nt electronically
Application for: Exa	ım Re-exam					
Check the appropriate ca	ategories for which you wish to	o be examined:	Chest	Spine	Extremities	Skull and Sinuses
Month and year you wish to be examined:  Please allow approximately 3 weeks for scheduling exam.  (mm/yyyy)						
SUPERVISION ATTESTATION						
Personal (in the room) supervision of the trainee is required during a radiographic procedure. As such, only a licensed physician or Agency accredited radiographer may initialize the x-ray exposure.						
Physican Acknowledgm	ent:					
Printed Nam		Ciamatuna				Data
Printed Nam	ne 	Signature				Date
EMPLOYER INFORMATION						
Facility Registration #:						
Name of Facility:						
Address / City / Zip:						
Applicant County				Date Application S	Signed	
Applicant Signature					Date Application .	Jigirea