Please read entire content as it pertains to changes in Part 401 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 ema.radtech@illinois.gov 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

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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: _____

Name: _____ _____ ____ Business Telephone: _____
Last First MI

Address: _____ Home/Cell Telephone: _____

_____ _____ _____ Email (Required): _____
City State Zip *Grades will be sent electronically*

Application for: ☐ Exam ☐ Re-exam

Check the appropriate categories for which you wish to 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.

Physician Acknowledgment:

_____ _____ _____
Printed Name Signature Date

EMPLOYER INFORMATION

Facility Registration #: _____

Name of Facility: _____

Address/City/Zip: _____

_____ _____
Applicant Signature Date Application Signed