



ILLINOIS EMERGENCY MANAGEMENT AGENCY



APPLICATION FOR ACCREDITATION IN MEDICAL RADIATION TECHNOLOGY

1. The application must be complete and legible. Print or type all information.
2. A separate application is required for **each** accreditation requested.
3. If applying for temporary accreditation, enclose proof of graduation.
4. To initiate on-line payment, the completed application must be faxed or e-mailed. (See Page 2)
5. Application fees are not refundable.

Social Security Number:

Sex: M F

Birth Date:

Name:

Last Name

First Name

M.I.

Business Telephone:

Address:

Home/Cell Telephone:

E-mail:

City

State

Zip

(Required for communication purposes)

APPLICATION FOR	ACCREDITATION TYPE - CHECK BOX	
1 Initial Accreditation	Active (RT)	\$120.00
2 Renewal	Temporary (Registry Eligible)	\$120.00
Application is for the category of	Limited (check the categories that apply)	\$120.00
Radiography	5 Chest	
Nuclear Medicine Technology	6 Extremity	
Radiation Therapy Technology	7 Skull/Sinus	
Chiropractic Radiography	8 Spine	
Limited Radiography		
Radiologist Assistant		
Nuclear Medicine Advanced Associate		

RADIOLOGIC TECHNOLOGY EDUCATION

Name of School

Location (City)

State

Dates Attended (from to)

Type of Diploma

Date (to be) awarded

(MM/YYYY)

(MM/YYYY)

(MM/YYYY)

PROFESSIONAL REGISTRY OR CERTIFICATION

ARRT

NMTCB

ACRRT

CBRPA

NOT Certified/Registered

Certificate No.

List the number on your certificate/license for verification with appropriate entity.

FOR OFFICE USE ONLY

TRANSACTION #

FEE RECEIVED

CURRENT MEDICAL RADIATION TECHNOLOGY EMPLOYMENT (if applicable)

Employer's Name

Street Address

City State Zip Code

If you answer yes to any of the following questions, please provide a complete explanation on a separate sheet.

- | | | |
|---|-----|----|
| 1. Have you been convicted of a felony? | Yes | No |
| 2. Have you been denied or had a license/certification revoked? | Yes | No |
| 3. Do you have a drug or alcohol problem that would impair your ability to perform professional duties? | Yes | No |
| 4. Do you have a mental or physical disability that would impair your ability to perform professional duties? | Yes | No |
| 5. Are you more than 30 days delinquent in complying with a child support order?
(This certification is made under penalty and failure to certify may result in denial of accreditation and making a false statement may subject you to contempt of court.) (5 ILCS 100/10-65) | Yes | No |

RENEWAL ONLY

I do hereby attest that I have taken the required continuing education needed for renewal of accreditation, pursuant to 32 Ill. Adm. Code 401.140, and that I have documentation proving such in my possession. Yes No

AGREEMENT

I do hereby agree to abide by all the rules and regulations of the Illinois Emergency Management Agency, and to permit the Agency, or its duly authorized representative, at all reasonable times, to inspect my accreditation. I also declare that all the data appearing on this application is accurate and true to the best of my knowledge and authorize release of any or all educational information concerning the applicant to the Illinois Emergency Management Agency.

Signature of Applicant

Date Field

VIOLATIONS

Any person who practices in Medical Radiation Technology without the appropriate accreditation or who otherwise violates any provision of the Radiation Protection Act of 1990 is guilty of a Class A misdemeanor.

Section 39 of the Radiation Protection Act of 1990 (Act), 420 ILCS 40/1 et seq., was amended effective July 30, 1997, to provide criminal penalties for certain violations. Section 39 makes the following a criminal offense.

- Any person who knowingly makes a false material statement to an Agency employee during official Agency business or in an application for accreditation, certification, registration, or licensure under the Act.
- Any person who knowingly alters a credential, certificate, registration or license issued by the Agency for the purpose of evading a requirement of the Act.
- A person who violates any part of this statutory section is guilty of a Class A misdemeanor for the first offense and is guilty of a Class 4 felony for a second or subsequent offense. 420 ILCS 40/39(b)(1)-(2).

Illinois Emergency Management Agency
Dept. of Nuclear Safety
Accreditation and Certification Program
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