



RADIOGRAPHY

Clinical & Diagnostic Sciences Department, School of Health Professions, University of Missouri

APPLICATION FOR REGISTERED TECHNOLOGISTS

PERSONAL INFORMATION

Legal Last Name	Legal First Name	Middle Initial
Permanent Address	City	State
E-Mail Address	Cell Phone Number	Preferred Name

PROFESSIONAL REFERENCES

References should be capable of assessing your work and your potential to pursue an academic degree. Do not include reference information from friends or family.

Name	Title	Relationship	Email	Phone

PROFESSIONAL CERTIFICATIONS and LICENSURE

Please list all certifications, registries and licensures you hold, including credentials through ARRT, NMTCB, ARDMS, and the American Heart Association (BLS, ACLS, or First Aid), and any State Licensures.

Certification/Licensure	Certifying Body	Expiration Date
Example: Radiography, CT	American Registry of Radiologic Technologists	11/2021

ETHICS STANDARDS

- Yes No Have you ever been charged with or convicted in court of a misdemeanor or felony (including conviction of a similar offense in a military court-martial)?
- Yes No Has a regulatory authority or certification board—including the ARRT—ever:
- Denied, revoked, or suspended your professional license, permit, registration, or certification; or
 - Placed you on probation, under consent agreement, or under consent order; or
 - Allowed voluntary surrender of your professional license, permit, registration, or certification; or
 - Subjected you to any conditions or disciplinary actions by such an organization?
- Yes No While attending an educational program to meet ARRT or other professional certification and registration requirements, were you ever suspended, dismissed, or expelled from that program?

APPLICATION FEE

Application fee for the Radiography Degree Advancement Program is \$20. This may be paid by:

- Check or Money Order made out to University of Missouri
- Credit card go to https://secure.touchnet.net/C20067_ustores/web/product_detail.jsp?PRODUCTID=2101&SINGLESTORE=true and select *RS Application Fee (Degree Completion)*

SUBMISSION INSTRUCTIONS

Mail to:
Radiography Advanced Medical Imaging Program
605 Lewis Hall
Columbia MO 65211-4230

Email: radsci@missouri.edu
Fax: (573) 884-1490