



# Radiologic Technologist Certification Application Packet

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## Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\)](#); [RCW 26.23.150](#). It will be used under the state’s child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

## In order to process your request:

### Mail your application with initial documentation and your check or money order payable to:

Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099

### Send other documents not sent with initial application to:

Radiologic Technologist Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877

## Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

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## Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in ink. It is your responsibility to submit the correct required forms.

**Application Fee.** This fee is non-refundable. You can check the [fee page](#) for current fees.

Check appropriate box(s) for certification you are applying for.

Check appropriate box(s) for requirements completed.

**Check if either apply:**

Request for Military Training and Experience Evaluation

Spouse or Registered Domestic Partner of Military Personnel

**1. Demographic Information:**

**Social Security Number:** You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you do not have one.

**National Provider Identifier Number (NPI):** The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

**Legal Name:** List your full name, first, middle, and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

**Birth date:** Provide the month, day, and year of your birth.

**Address:** List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone, Fax and Cell Numbers:** Enter your phone, fax and cell numbers, if you have them.

**Email:** Enter your email address, if you have one.

**Other Name(s):** Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

**2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, or military authority.

**3. Education:**

List in date order your educational preparation and post-graduate training. If you need more space, attach a sheet of paper.

**4. Experience:**

List in date order all your professional experience and practice from date of graduation from professional college. If you need more space, attach a sheet of paper.

**5. Other License, Certification, or Registration:**

List all states, including Washington, where credentials are or were held. Attach additional completed pages if you need more space. You must also print the [Verification Form](#) and provide it to each state or jurisdiction that you have listed, requesting that they complete and submit the form directly to the Department of Health.

**6. Applicant’s Attestation:**

You must sign and date this for us to process the application.

## **For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:**

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State.
- One of the following:
  - A copy of your marriage certificate to show proof of marriage; or
  - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

## **For Current and Former Servicemembers Requesting Evaluation of Military Training and Experience**

Under state law, your military education, training, and experience may count towards attaining certain civilian health care profession credentials in Washington State.

Submitted information will be reviewed by the Department of Health to determine substantial equivalency for meeting the credentialing requirements in this state.

Documents to submit with your health care professional credential application should include the following:

- If applicable, a copy of your DD214 Certificate of Release or Discharge from Active Duty, Member-4 or service 2 copy, or NGB-22 for National Guard.

### **Please note:**

- A copy of your DD214 can be downloaded from the [EBenefits website](#).
- You can request a replacement copy of your NGB-22 on the [National Archives website](#).
- Official Joint Service Transcript (JST) or Community College of the Air Force (CCAF) Transcripts.  
**Please note:**
  - JST can be sent electronically by visiting the [JST website](#) and selecting Washington State Department of Health.
  - CCAF transcripts cannot be sent electronically. See the [CCAF website](#) for transcript information.
- Verification of Military Experience and Training (VMET) or DD Form 2586. See the [DoDTAP website](#).
- If applicable, application for the Evaluation of Learning Experiences During Military Service (DD Form 295). See the [Military Resources website](#).

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## **Certification Requirements**

### **General Information**

Radiologic technologist means an individual certified under chapter [18.84 RCW](#) as a:

- a. Diagnostic radiologic technologist, who is a person who handles x-ray equipment in the process of applying radiation on a human being for diagnostic purposes. This is at the direction of a licensed practitioner. It includes parenteral procedures related to radiologic technology when performed under the direct supervision of a physician licensed under chapter [18.71](#) or [18.57 RCW](#).
- b. Therapeutic radiologic technologist, who is a person who uses radiation-generating equipment for therapeutic purposes on human subjects. This is at the direction of a licensed practitioner. It includes parenteral procedures related to radiologic technology when performed under the direct supervision of a physician licensed under chapter [18.71](#) or [18.57 RCW](#).
- c. Nuclear medicine technologist, who is a person who prepares radiopharmaceuticals and administers them to human beings for diagnostic and therapeutic purposes. They perform in vivo and in vitro detection and measurement of radioactivity for medical purposes at the direction of a licensed practitioner.

### **Diagnostic Radiologic Technologist Requirements**

Individuals applying for certification as a diagnostic radiologic technologist must meet one of the following qualifications:

1. Graduation from a program in radiography accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT); OR
2. Registration as a diagnostic radiologic technologist with the American Registry of Radiologic Technologists (ARRT); OR
3. Alternative Training (see Alternative Training Process and State Examination below).

### **Therapeutic Radiologic Technologist Requirements**

Individuals applying for certification as a therapeutic radiologic technologist must meet one of the following qualifications:

1. Graduation from a program in radiation therapy accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT); OR
2. Registration as a therapeutic radiologic technologist with the American Registry of Radiologic Technologists (ARRT); OR
3. Alternative Training (see Alternative Training Process and State Examination below).

# **Nuclear Medicine Technologist Requirements**

Individuals applying for certification as a nuclear medicine technologist must meet one of the following qualifications:

1. Graduation from a program in nuclear medicine accredited by the Joint Review Committee for Educational Programs in Nuclear Medicine Technology (JRCNMT); OR
2. Registration as a nuclear medicine technologist with either the Nuclear Medicine Technology Certifying Board (NMTCB) or the American Registry of Radiologic Technologists (ARRT); OR
3. Alternative Training (see Alternative Training Process and State Examination below).

## **Alternative Training Process:**

### **1. Diagnostic Radiographic Technologists**

#### **a. Education**

- I. High school diploma or GED equivalent, a minimum of three clinical years supervised practice experience in radiography and completed the course content areas below.
- ii. Associate or higher degree in an allied health care profession, or meet the requirements for certification as a therapeutic radiologic technologist or nuclear medicine technologist, have obtained a minimum of three clinical years supervised practice experience in radiography and complete the course content areas listed below.

#### **b. Course Content Areas:**

##### **i. May be obtained directly by supervised clinical practice experience:**

- Introduction to radiography
- Medical ethics and law
- Medical terminology
- Methods of patient care
- Radiographic film processing
- Evaluation of radiographs
- Radiographic procedures
- Radiographic pathology
- Introduction to quality assurance
- Introduction to computer literacy

##### **ii. Must be obtained through formal education:**

- Human anatomy and physiology—100 contact hours
- Principles of radiographic exposure—45 contact hours
- Imaging equipment—40 contact hours
- Radiation physics, principles of radiation protection, and principles of radiation biology—40 contact hours
- Sectional anatomy—33 contact hours

#### **c. Examination—See sections below regarding state examination.**



## **2. Therapeutic Radiologic Technologist Requirements**

a. Education—Baccalaureate or associate or higher degree in one of the physical, biological sciences, or allied health care professions or meet the requirements for certification as a diagnostic radiologic technologist or nuclear medicine technologist, have obtained a minimum of three years clinical years supervised practice experience in therapeutic radiologic technology and complete the course content areas listed below.

b. Course Content Areas:

i. May be obtained directly by supervised clinical practice experience:

- Orientation to radiation therapy technology
- Medical ethics and law
- Methods of patient care
- Computer applications
- Medical terminology

At least fifty percent (50%) of the clinical practice experience must be in operating a linear accelerator.

ii. Must be obtained through formal education:

- Human anatomy and physiology—100 contact hours
- Oncologic pathology—22 contact hours
- Radiation oncology—22 contact hours
- Radiobiology, radiation protection, and radiographic imaging—73 contact hours
- Mathematics (college level algebra or above)—55 contact hours
- Radiation physics—66 contact hours
- Radiation oncology technique—77 contact hours
- Clinical dosimetry—150 contact hours
- Quality assurance—12 contact hours
- Hypothermia—4 contact hours
- Sectional Anatomy—22 contact hours

c. Examination—See section below regarding state examination.

## **3. Nuclear Medicine Technologist Requirements**

a. Education—Baccalaureate or associate or higher degree in one of the physical, biological sciences, or allied health care professions or meet the requirements for certification as a diagnostic or therapeutic radiologic technologist, have obtained a minimum of two clinical years supervised practice experience in nuclear medicine technology and complete the course content areas listed below.

b. Course Content Areas:

i. May be obtained directly by supervised clinic practice experience:

- Methods of patient care
- Computer applications
- Department organization and function
- Nuclear medicine in-vivo and in-vitro procedures
- Radionuclide therapy

- ii. Must be obtained through formal education
  - Radiation safety and protection—10 contact hours
  - Radiation biology—10 contact hours
  - Nuclear medicine physics and radiation physics—80 contact hours
  - Nuclear medicine instrumentation—22 contact hours
  - Statistics—10 contact hours
  - Radionuclide chemistry and radiopharmacology—22 contact hours
- c. Examination—See section below regarding state examination.

#### **4. Training obtained outside the United States**

- a. Education
 

Individuals educated in another country must provide official transcripts verifying that their education and training meets or exceeds alternative training requirements. Transcripts not in English must be translated.
- b. Examination—See section below regarding state examination.

#### **State Examination**

- The Washington State certification examinations for radiography (diagnostic), radiation therapy, and nuclear medicine technology are administered by the ARRT.
- The examinations shall be conducted in accordance with the ARRT security measures and contract.
- Applicants taking the state examination must meet the alternative training requirements above and submit the application, supporting documents, and fees to the Department of Health for approval prior to being authorized to take the examination.
- Once authorized by the Department of Health, applicants must contact ARRT and complete an ARRT application prior to being scheduled for the Washington State examination.
- Examination candidates will be advised of the results of their examination in writing by the Department of Health.
- The examination candidate must have a minimum scaled score of seventy-five to pass the examination.

#### **Other Information**

Criminal history checks are conducted for all license applicants. If you answered yes to any of the personal data questions, please submit the appropriate supporting documentation as indicated on the application. If your application is incomplete, you will be contacted regarding the deficiencies.

- The initial certification will expire on your birthday unless the initial certification is issued within 90 days of your birthday. See [WAC 246-12-020\(3\)](#).
- Certifications must be renewed every year on your birthday as provided in chapter [246-12 WAC, Part 2](#). A courtesy renewal notice will be mailed to your address on record. You must keep your address current with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.
- If your certification has been expired for over two years, fill out the Radiologic Technologist Expired Certification Activation Application.

Date  
Stamp  
Here

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## Radiologic Technologist Certification Application

Select all certifications you are applying for:

- Diagnostic Radiologic Technologist  
 Therapeutic Radiologic Technologist  
 Nuclear Medicine Technologist

Select the requirements you have completed:

- Graduated from a program accredited by the JCERT or the JRCNMT  
 Registered with the ARRT or with the NMTCB  
 Alternate Training Program (this includes those trained outside the United States.

Select if either apply:

- Request for Military Training and Experience Evaluation  
 Spouse or Registered Domestic Partner of Military Personnel

### 1. Demographic Information

**Social Security Number (SSN)**

(If you do not have a SSN, see instructions)

**National Provider Identifier Number (NPI)**

(Enter 10 digit number)

- Male  Female  
 Prefer not to answer  
 X

Name

First

Middle

Last

Birth date (mm/dd/yyyy)

Address

City

State

Zip Code

County

Country

Phone (enter 10 digit #)

Fax (enter 10 digit #)

Cell (enter 10 digit #)

Email address

Mailing address if different from above address of record

City

State

Zip Code

County

Country

**Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)?  Yes  No If yes, list name(s):

Will documents be received in another name?  Yes  No If yes, list name(s):

## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.  
1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ....

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

## 2. Personal Data Questions (cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
  - b. Diverted controlled substances or legend drugs? .....
  - c. Violated any drug law? .....
  - d. Prescribed controlled substances for yourself? .....
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? .....

## 3. Education

List in date order all your education including college or university (pre-radiography, therapeutic and/or nuclear medicine program), and technical or professional practice pertaining to the profession you are applying for. Include all periods of time from the date of graduation from a radiography, therapeutic, and/or nuclear medicine program to present when you engaged in activities related to your practice as a radiologic technologist or x-ray technician. Attach additional pages if you need more space.

Schools Attended Full Name, City and State	Degree/Certificate Earned	Attendance Dates	
		Start (mm/yyyy)	End (mm/yyyy)

## 4. Experience

List in date order all your professional experience and practice from date of graduation from professional college. Attach additional pages if you need more space.

Name of Business	Total Number of Months	Dates	
		Start (mm/yyyy)	End (mm/yyyy)

## 5. Other License, Certification, or Registration

List all states, including Washington, where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if current. Attach additional pages if you need more space.

State Jurisdiction	Received by		Certificate		Permanent or Temporary	Profession	Currently in Force
	Exam	Other	Year Issued	Number			

## 6. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws  
(Print applicant name clearly)

of the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ By: \_\_\_\_\_  
(mm/dd/yyyy) (Original signature of applicant)

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## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Radiologic Technology Laws, RCW 18.84](#)

[Radiologic Technology Rules, WAC 246-926](#)

[Alternative Training Requirements, WAC 246-926-110](#)

### **Online**

[Radiologic Technologist Program, Web Page](#)