Before paying for your examination registration, be sure you understand the contents of this bulletin. Please retain and use it as a reference when contacting PSI.

PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
www.psiexams.com

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
RADIOLOGY PRACTICAL TECHNICIAN EXAMINATIONS
CANDIDATE INFORMATION BULLETIN

Please refer to our website to check for the most updated information at www.psiexams.com

Last Revised 8/25/2016

EXAMINATIONS BY PSI

This Candidate Information Bulletin provides you with information about the examination process for Radiology Practical Technician Licensure in the State of Utah.

The Division has contracted with PSI licensure:certification (PSI) to assist with the examination process.

Following are licensing examinations for the American Registry of Radiologic Technologists (ARRT):

- ARRT Limited Scope of Practice in Radiography
- ARRT Bone Densitometry Equipment Operator

NOTE: To become licensed you must have taken and passed the Limited Scope Core and one or more of the following: Chest, Extremities, Skull/sinus, Spine and/or Podiatric examination(s).

Upon completion of all licensure requirements, including passing the appropriate examination, submit a completed application for licensure to DOPL at the address below. Applications for licensure are available online at www.dopl.utah.gov.

Division of Occupational and Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741
(801) 530-6628

EXAMINATION REGISTRATION AND SCHEDULING PROCEDURES

You must complete and submit the appropriate Examination Registration Form found at the end of this Candidate Information Bulletin.

The following fee table lists the applicable fee for each examination. The fee is for each examination, whether you are taking the examination for the first time or repeating.

EXAMINATION FEES	
ARRT Limited Scope of Practice in Radiography	$165
ARRT Bone Densitometry Equipment Operator	$165

NOTE: REGISTRATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE.

FAX REGISTRATION

For fax registration, you will need a valid credit card (VISA, MasterCard, American Express or Discover).

1. Complete the Examination Registration Form, including your credit card number and expiration date.

2. Fax the completed form to PSI (702) 932-2666. Fax registrations are accepted 24 hours a day.

3. Please allow 4 business days to process your registration. After 4 business days, you may call PSI to schedule the examination at (800) 733-9267.

STANDARD MAIL REGISTRATION

1. Complete the Examination Registration Form found in this Candidate Information Bulletin. BE SURE TO READ ALL DIRECTIONS CAREFULLY BEFORE COMPLETING THE EXAMINATION REGISTRATION FORM. IMPROPERLY COMPLETED FORMS WILL BE RETURNED TO YOU UNPROCESSED.

2. Fees may be paid by credit card (VISA, MasterCard, American Express or Discover), company check or cashier's check. Make check or money order payable to PSI and print your social security number on it to ensure that your fees are properly assigned. **CASH and PERSONAL CHECKS ARE NOT ACCEPTED.**

3. Return the completed original form to PSI with the appropriate examination fee.

4. Please allow 2 weeks to process your Registration before scheduling your examination.

After completing and submitting the application form(s), your information will be forwarded to the ARRT. Once approved to test, ARRT will mail you a handbook and status report. These documents will explain the entire examination process. You will be assigned a 90-day examination window (the time period in which you must test) and will be given scheduling instructions.

SCORE REPORT

Your score report will be mailed to you 4-6 weeks from the examination date. Please do not call PSI for your score, you must wait for the mailed score report.

ARRT LIMITED SCOPE OF PRACTICE IN RADIOGRAPHY
REGISTRATION FORM

Before you begin. . .
Read the Candidate Information Bulletin before filling out this registration form. You must provide all information requested and submit the appropriate fee. PLEASE TYPE OR PRINT LEGIBLY. Registration forms that are incomplete, illegible, or not accompanied by the proper fee will be returned unprocessed. Registration fees are not refundable or transferable.

Legal Name: Last Name First Name Middle Name

Social Security: ___ - ___ - ____ *(FOR IDENTIFICATION PURPOSES ONLY)*

Mailing Address: Number, Street Apt/Ste

City State Zip Code

Birth Date: MM DD YEAR

Telephone: Home ___ ___ - ____ Office ___ ___ - ____

Email: _____@_____

Examination: Please select ALL of the examination modules you wish to take at this time. You will only be registered for the modules you indicate here. Note that if you choose to take any additional modules in the future, you will be required to pay the entire examination fee.

Examination Title			Exam Fee
ARRT Limited Scope of Practice in Radiography			$165
☐ Limited Scope Core*	☐ Chest	☐ Extremities	
☐ Skull/Sinuses	☐ Spine	☐ Podiatry	

*The Limited Scope Core module is required for most candidates taking the examination for the first time.
If there are any questions, contact the Division of Occupational and Professional Licensing.

Payment: You may pay by credit card, money order, cashier's check or company check only. Cash and personal checks are not accepted.

If paying by credit card, check one: ❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Card No: _____ Exp. Date: _____

Card Verification No: _____

The card verification number may be located on the back of the card (the last three digits on the signature strip) or on the front of the card (the four digits to the right and above the card account number).

Billing Street Address: _____ Billing Zip Code: _____

Cardholder Name (Print):_____ Signature:_____

Affidavit: I certify that the information provided on this registration form (and/or telephonically to PSI) is correct. I understand that any falsification of information may result in denial of licensure. I have read and understand the examination information bulletin.

Signature:_____ **Date:**_____

Complete and forward this registration form with the applicable examination fee to:
PSI licensure:certification * ATTN: Examination Registration UT ARRT LIMITED
3210 E Tropicana * Las Vegas * NV * 89121
Fax (702) 932-2666 *** (800) 733-9267 * TTY (800) 735-2929 *** www.psiexams.com

ARRT BONE DENSITOMETRY EQUIPMENT OPERATOR
REGISTRATION FORM

Before you begin. . .
Read the Candidate Information Bulletin before filling out this registration form. You must provide all information requested and submit the appropriate fee. PLEASE TYPE OR PRINT LEGIBLY. Registration forms that are incomplete, illegible, or not accompanied by the proper fee will be returned unprocessed. Registration fees are not refundable or transferable.

Legal Name: Last Name First Name Middle Name

Social Security: ___ - ___ - ____ *(FOR IDENTIFICATION PURPOSES ONLY)*

Mailing Address: Number, Street Apt/Ste

City State Zip Code

Birth Date: MM DD YEAR

Telephone: Cell ___ - ____ Office ___ - ____

Email: _____@_____

Examination:

Examination Title	Exam Fee
ARRT Bone Densitometry Equipment Operator	$165

Note: The ARRT Bone Densitometry Equipment Operator is a completely separate examination from the ARRT Limited Scope of Practice in Radiography and includes its own core section. It is not divided into modules like the Limited Scope Examination.

Payment: You may pay by credit card, money order, cashier's check or company check only. Cash and personal checks are not accepted.

If paying by credit card, check one: ❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Card No: _____ Exp. Date: _____

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