



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

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.



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

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

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	\$200
ARRT Bone Densitometry Equipment Operator	\$200

NOTE: REGISTRATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE.

INTERNET REGISTRATION

For the fastest and most convenient examination scheduling process, PSI recommends that you register for your examinations using the Internet. You register online by accessing PSI's registration website at www.psiexams.com. Internet registration is available 24 hours a day.

- Log onto PSI's website and create an account. You will be asked to put in your email address and the spelling of your name exactly as it is shown on your identification that will be presented at the examination site.
- You will be asked to select the examination. You will then enter your personal and contact information. You will then be ready to pay.

TELEPHONE REGISTRATION

For telephone registration, you will need a valid credit card (VISA, MasterCard, American Express or Discover). PSI registrars are available Monday through Friday between 5:30 am and 8:00 pm, and Saturday-Sunday between 7:00 am and 3:30 pm, Mountain Time.

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.





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.

[illegible]

____ - ____ - ____ (FOR IDENTIFICATION PURPOSES ONLY)

Number, Street Apt/Ste

City State Zip Code

MM	DD	YEAR	

- Office -

Examination Title			Exam Fee
ARRT Limited Scope of Practice in Radiography			\$200
<input type="checkbox"/> Limited Scope Core*	<input type="checkbox"/> Chest	<input type="checkbox"/> Extremities	
<input type="checkbox"/> Skull/Sinuses	<input type="checkbox"/> Spine	<input type="checkbox"/> Podiatry	

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:

 Apt/Ste
Number, Street

 State Zip Code
City

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: _____

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: _____

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