

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

RADIOGRAPHY EXAMINING BOARD

INFORMATION FOR RADIOGRAPHER LICENSE

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

(AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT) CERTIFIED APPLICANTS:

Application (Form #2908): Complete the enclosed application and attach the appropriate fee. Make check payable to "Department of Safety and Professional Services". Your cancelled check will be your receipt. Mail to the Department of Safety and Professional Services, PO Box 8935, Madison WI 53708.

Submission of ARRT Certification Number: Provide a copy of your active ARRT certification number. Please note: you may start the application process prior to receipt of ARRT (e.g. students or recent graduates).

ARRT Examination Registration: If you have not taken the ARRT examination or received your ARRT certification you must register online with ARRT at www.arrt.org and pay the appropriate fee directly to ARRT. Please note: you may start the application process prior to receipt of ARRT (e.g. students or recent graduates).

OTHER APPLICANTS:

Endorsement Applicants: If you are licensed in another state, and hold current registration, contact ARRT at www.arrt.org to have verification of your ARRT certification sent directly to Wisconsin.

Verification of Credential: If you are certified/registered/licensed in another state or jurisdiction please contact the state(s) or jurisdiction in which you are/were credentialed to request a verification of your credential. This verification must be forwarded directly to the Department by the credentialing authority.

ARRT Examination Registration:

If you are not seeking ARRT certification, provide a Certificate of Completion of a course of study in radiography that is approved by the Joint Review Committee on Education in Radiologic Technology (JRCERT) or ARRT. Upon review of your application, the Board may approve you to take the Wisconsin Radiography licensure examination administered by ARRT.

REFUND POLICY:

Applicants who wish to withdraw their application for licensure will receive a refund of all but \$10.00 of the fee. The applicant is required to provide written notice to the department.

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AMERICANS WITH DISABILITIES ACT:

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

COMPLAINTS:

Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

MAILING ADDRESS AND CHANGE OF ADDRESS:

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

MAILING INSTRUCTIONS:

Mail the application, the appropriate fee, and supporting documentation to the following address:

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
P.O. BOX 8935
MADISON, WI 53708-8935