

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## RADIOGRAPHY EXAMINING BOARD

### INFORMATION FOR COMPLETING RADIOGRAPHER LICENSE

#### INSTRUCTIONS FOR COMPLETING THE APPLICATION:

##### **Applicant must:**

- Be at least 18 years of age.
- Per Wis. Stat. § [462.03\(1\)\(b\)](#), hold a high school diploma or its equivalent, as determined by the Board.
- Per Wis. Stat. § [462.03\(1\)\(c\)](#), subject to Wis. Stat. §§ [111.321](#), [111.322](#), and [111.335](#), the person does not have an arrest or conviction record.
- Submit the following:

##### **American Registry of Radiologic Technologists (AART) Certified Applicants:**

- **Application (Form #2908):** Complete the 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 at the address above.
- **Submission of ARRT Certification Number:** Provide current copy of your ARRT pocket card. Please note you may start the application process prior to receipt of ARRT certification (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](http://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).
- **Verification of Credential:** If you are certified/registered/licensed in another state or jurisdiction please contact the state(s) or jurisdiction(s) 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.

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## RADIOGRAPHY EXAMINING BOARD

### APPLICATION FOR LICENSED RADIOGRAPHER

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

**PLEASE TYPE OR PRINT IN INK**  Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

|                                          |                                           |                                   |                                                        |
|------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------------------------|
| <b>Last Name</b><br><input type="text"/> | <b>First Name</b><br><input type="text"/> | <b>MI</b><br><input type="text"/> | <b>Former / Maiden Name(s)</b><br><input type="text"/> |
|------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------------------------|

|                                                                   |                                                                                                       |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Address</b> (street, city, state, zip)<br><input type="text"/> | <b>Daytime Telephone Number</b><br><input type="text"/> - <input type="text"/> - <input type="text"/> |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

|                                                               |                                                                                            |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Mailing Address</b> (if different)<br><input type="text"/> | <b>Date of Birth</b><br><input type="text"/> / <input type="text"/> / <input type="text"/> |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Social Security Number</b><br><input type="text"/> - <input type="text"/> - <input type="text"/> | Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law. |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Ethnicity/gender status information is optional.

**Ethnicity:**  White, not of Hispanic origin  American Indian or Alaskan  Hispanic  
 Black, not of Hispanic origin  Asian or Pacific Islander  Other

**Sex:**  M  F

**Have you ever been licensed in Wisconsin as a Radiographer?**  Yes  No If yes, list your credential number:

**Email Address**

|                                                                                                       |                                                                     |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>High School Name</b><br><input type="text"/>                                                       | <b>School Address</b> (street, city, state)<br><input type="text"/> |
| <b>Date Diploma/GED Granted</b><br><input type="text"/> / <input type="text"/> / <input type="text"/> | <b>Degree</b><br><input type="text"/>                               |

**APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.**

**I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

**Initial Credential**  
 \$65.00 **Initial Credential Fee**  
 \$15.00 **ARRT Contract Exam Fee** (ARRT Contract Exam: Any graduate who took the ARRT Radiography exam for the state of WI must pay this fee. This \$15 fee only applies if you attended school in WI.)  
**\$80.00 Total Fee Attached**

**Re-Registration** (license expired 5 years or more)  
 \$65.00 **Renewal Fee**  
 \$25.00 **Late Fee**  
**\$90.00 Total Fees Attached**

**For Receiving Use Only (142)**

# Wisconsin Department of Safety and Professional Services

**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Application (<b>Form #2908</b>) and appropriate fee</li> <li><input type="checkbox"/> ARRT Certification (<b>must provide a current copy of your ARRT pocket card</b>)</li> <li><input type="checkbox"/> Letters from all State Boards where licensed, active and inactive</li> <li><input type="checkbox"/> Radiography Examination Registration and Fee (<b>If you have not taken the ARRT examination, or received your ARRT certification, you must register online at <a href="http://www.rrt.org">www.rrt.org</a> and pay the appropriate fee directly to ARRT.</b>)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Convictions and Pending Charges (<b>Form #2252</b>), if applicable</li> <li><input type="checkbox"/> ARRT Ethics Review letter, if applicable</li> <li><input type="checkbox"/> Malpractice Suits or Claims (<b>Form #2829</b>) and copies of malpractice suit, court documents with allegations and settlement, if applicable</li> <li><input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**ARE YOU A VETERAN?** If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for Eligible Veterans Services Members and Spouses” for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?**  Yes  No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**If you qualify, are you requesting equivalency of your Military Training and experience?**  Yes  No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?**  Yes  No

**If Yes, do not complete this form.** You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or [www.WISVETS.com](http://www.WISVETS.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select “Professions” then “Radiographer, Licensed.”

**ARRT CERTIFICATION:**

Do you hold an active certification with ARRT?  Yes  No      If yes, ARRT Certification #:

If no, have you ever been certified by ARRT?  Yes  No

If no, what is the reason that your ARRT certification is not current?

**RADIOGRAPHY COURSE OF STUDY** (Attach additional sheets, if necessary.):

| Institution                                             | Location<br>(City/State)                                                                                     | Dates Attended<br>(Month/Year)                                                                                                                                                                   | Degree(s)                                               |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input style="width: 100%; height: 100%;" type="text"/> | (City)<br><input style="width: 150px;" type="text"/><br>(State)<br><input style="width: 30px;" type="text"/> | (From)<br><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><br>(To)<br><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| <input style="width: 100%; height: 100%;" type="text"/> | (City)<br><input style="width: 150px;" type="text"/><br>(State)<br><input style="width: 30px;" type="text"/> | (From)<br><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><br>(To)<br><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |

# Wisconsin Department of Safety and Professional Services

**I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S).** (Include all active and inactive states.):

|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Radiography Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.):

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1.  | Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.  | Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.  | <b><u>If yes to question 1 above</u></b> , did you apply for a predetermination of a conviction or convictions?<br><b>If yes, proceed to question 4.</b><br><b>If no, submit Convictions and Pending Charges Form (#2252) and supporting documentation and proceed to question 6.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.  | <b><u>If yes to question 3 above</u></b> , did you receive an approval letter?<br><b>If yes, proceed to question 5.</b><br><b>If no, provide details for the “no” response on an attached sheet and proceed to question 6.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.  | <b><u>If yes to question 4 above</u></b> , since the date of your approval letter have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other including municipal ordinances resulting only in monetary fines, or forfeitures and convictions resulting from a plea of no contest, or a guilty plea or verdict?<br><b>If yes, submit Convictions and Pending Charges Form #2252 and supporting documentation and proceed to question 6.</b><br><b>If no, do <u>not</u> submit Convictions and Pending Charges Form #2252 and proceed to question 6.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.  | Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.  | Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.  | Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9.  | Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims Form (#2829).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b><br><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b><br><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | Have you ever been terminated from employment related to the practice of radiography? <b>If yes, give details on an attached sheet.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

# Wisconsin Department of Safety and Professional Services

**For the purposes of these questions, the following phrases or words have the following meanings:**

"Ability to practice as a radiographer" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned radiography judgments and to learn and keep abreast of radiography developments; and
2. The ability to communicate those judgments and radiography information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"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 disability, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.):

|     |                                                                                                                                                                                                                                                                                                        |                                                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 13. | Do you have a medical condition, which in any way impairs or limits your ability to practice radiography with reasonable skill and safety? <b>If yes, please explain.</b> If no, you may skip questions 14 and 15.                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? <b>If yes, please explain.</b>                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | Are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? <b>If yes, please explain.</b>                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Does the use of chemical substance(s) in any way impair, or limit your ability to practice radiography with reasonable skill and safety? <b>If yes, please explain.</b>                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. | Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? <b>If yes, please explain.</b>                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | Are you currently engaged in the illegal use of controlled dangerous substances?                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | <b><u>If yes to question 18</u></b> , are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? <b>If yes, please explain.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**CERTIFICATION OF LEGAL STATUS:**

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA).

For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

# Wisconsin Department of Safety and Professional Services

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /   
**(Print and Sign Form)**