



State of Hawaii
Radiologic Technology Board
RENEWAL APPLICATION FOR LICENSURE

License is required by Title 11, Administrative Rules, Department of Health, Chapter 44, Radiologic Technology Rules.

Biennial Renewal Fee:

\$60.00 - Individuals **currently** licensed in one (1) area

\$65.00 - Individuals **currently** licensed in two (2) areas and who wish to renew both licenses

Renewal for: **Certified Radiographer** License #: R-____ **Certified Radiation Therapist** License #: T-____ **Certified Nuclear Medicine Technologist** License #: N-____

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PART I. IDENTIFICATION Check here if new address

Full Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Last Four SSN: _____ Telephone: Home/Cell _____ Other _____

Email _____

Present Employer _____ Address _____

PART II. CERTIFICATION

1. **Please choose one:**
- I have met the CE requirements of the ARRT or NMTCB within the previous 2 years
Please submit verification of your current ARRT or NMTCB certification
 - I have obtained 24 CE credits acceptable to the board within the previous 2 years (Non-ARRT/NMTCB Registrants)
Please submit verification of at least 24 completed credits (certificates, ASRT listing, etc.)

PART III. PERSONAL INFORMATION

1. Have you ever been discharged from employment because your conduct or work was not satisfactory during the past two years? If your answer is **YES** to the above question, give a complete explanation on a separate sheet.
 Yes **No**
2. Have you been arrested and convicted for any violation of any Federal law, State law, county or municipal law, regulation, or ordinance during the past two years. (Do not include traffic violations for which a fine of \$50 or less was imposed). If your answer is **YES** to the above question, give a complete explanation on a separate sheet.
 Yes **No**

SIGNATURE

DATE

Make check or money order payable to: **STATE DEPARTMENT OF HEALTH**
*There will be a service fee of \$25.00 for any check dishonored by the bank.

Remit to: State Department of Health - Indoor and Rad Health Branch
99-945 Halawa Valley Street
Aiea, HI 96701
Telephone Number: (808) 586-4700

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For Office Use Only

Date Renewal Application Received: _____ Receipt Number: _____

Date License(s) Mailed: _____ License(s) Expire: _____