INSTRUCTIONS FOR RADIOGRAPHER TESTING

1. The Bureau contracts with the American Registry of Radiologic Technologists (ARRT) for all testing of limited radiographers, and general radiographers and nuclear medicine technologists if the individual is not applying for the ARRT certification.

2. Complete the application and forward it with a check or money order for $110 made payable to the Iowa Department of Public Health. The fee is nonrefundable. You may submit your application at any time.

   Mail application and fee to: Iowa Department of Public Health/Rad Health
   Lucas State Office Building, 5th Fl
   321 East 12th Street
   Des Moines, IA 50319

3. Individuals who do not attend a scheduled appointment, do not cancel an appointment on time or let an assigned window date expire, will lose the testing fee. The individual must re-apply for another testing date and pay the fee again.

4. A few of the testing centers are listed below. You do not schedule a place or date until you receive the handbook that will explain the process. Scheduling will then be according to the test center's hours and your convenience. All tests are given via computer.

   Iowa: Iowa City, Davenport, Sioux City, West Des Moines
   Nebraska: Omaha
   There are some Minnesota, Missouri, South Dakota, and Illinois sites also.

5. Individuals must successfully the test before a permit can be issued. Failure to pass the examination after the third try means the individual must complete the training course again or an approved review training course.

6. For questions: Charlene Craig 515/281-0415
   email: ccraig@idph.state.ia.us

TIME FRAMES:
Mailing time for your complete application to arrive at IDPH.
Application is forwarded to testing group within 2-4 days of receipt at IDPH.
Testing packet arrives at your home approximately 2 weeks later.
You schedule your test.
IDPH receives results approximately 2 weeks after testing.
Pass/fail letters are issued within 1 week of receipt of results.

IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Radiological Health
Lucas State Office Building, 5th Fl
321 East 12th Street
Des Moines, IA 50309-4611

APPLICATION FOR RADIOGRAPHER/NUCLEAR MEDICINE TESTING
(Please print)

NAME OF APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____

BIRTH DATE _____

SOCIAL SECURITY # _____
Privacy Act Notice: Disclosure of your social security number on this application is required by 42 U.S.C. Section 666(1)(13) and Iowa code section 252J.8(1). The number will as an internal means to accurately identify examinees and can be used in connection with the collection of child support obligations.

CATEGORY OF TESTING:

[ ] General radiographer

[ ] Limited radiographer :
- [ ] core (required if not testing for an additional body part only)
- [ ] chest
- [ ] extremities
- [ ] spines
- [ ] sinus

[ ] Nuclear medicine

School trained with: _____