

# ADH Radiologic Technology Licensure Program License Renewal Information Sheet

Date \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Please return form to:**  
  
**Arkansas Department of Health**  
**Radiation Control Section**  
**RTL Program**  
**4815 W. Markham, Slot H-29**  
**Little Rock, AR 72205**

## CONTINUING EDUCATION REPORT (Six Hours Required Annually)

Name of Continuing Education Activity (Fill in lines below)	Number of Continuing Education Hours	Continuing Education Reference/Approval Number

**\*\*ARRT Registered Technologists *must* include a current copy of their ARRT registry card that reads, "In Compliance with CE Requirements", in order to serve as evidence of CE Compliance for The Arkansas Division of Health RTL Licensure Program\*\***