



# Limited radiography examination Application

- 1) Complete the following application by typing your information into the fields and print the form.  
 Or you may print the application and handwrite the information.
- 2) Please include all required copies of additional information requested.
- 3) Send the completed form and the nonrefundable fees indicated below in a **check or money order** made payable to:
 

Iowa Department of Public Health, Bureau of **Radiological Health**  
 Lucas State Office Building, 5<sup>th</sup> Floor  
 321 E 12<sup>th</sup> Street  
 Des Moines, IA 50319-0075

## Section 1: Personal Information

|                                |                 |                                  |                |
|--------------------------------|-----------------|----------------------------------|----------------|
| <b>Social Security Number:</b> |                 | <b>Date of Birth (MMDDYYYY):</b> |                |
| <b>First Name:</b>             | <b>Middle:</b>  | <b>Last Name:</b>                |                |
| <b>Email</b>                   |                 | <b>Fax</b>                       |                |
| <b>Physical Address:</b>       | Address1: _____ |                                  |                |
|                                | Address2: _____ |                                  |                |
|                                | Address3: _____ |                                  |                |
| <b>City:</b>                   | <b>State:</b>   | <b>Zip:</b>                      | <b>County:</b> |
| <b>Phone Number</b>            | Circle Type:    | Cell Work Home                   | ( ) - ext.     |

|  |                 |                |                |
|--|-----------------|----------------|----------------|
| Is your Physical Address the same as your Mailing Address?   |                 |                |                |
| <input type="checkbox"/> Yes (skip Mailing Address below) <input type="checkbox"/> No (complete Mailing Address section below) |                 |                |                |
| <b>Mailing Address:</b>  | Address1: _____ |                |                |
|  | Address2: _____ |                |                |
|  | Address3: _____ |                |                |
| <b>City:</b>   | <b>State:</b>   | <b>Zip:</b>    | <b>County:</b> |
| <b>Phone Number</b>  | Circle Type:    | Cell Work Home | ( ) - ext.     |

|  |  |                |                |
|--|--|----------------|----------------|
| Is your Physical Address the same as your Billing Address?   |  |                |                |
| <input type="checkbox"/> Yes (skip Billing Address below) <input type="checkbox"/> No (complete Billing Address section below) |  |                |                |
| Is another person or entity providing payment? Is the name on the check different from the name of the individual?             |  |                |                |
| <input type="checkbox"/> Yes (complete Billing Address below) <input type="checkbox"/> No (skip Billing Address section below) |  |                |                |
| <b>Name on Check:</b>  | _____  |                |                |
| <b>Contact Name:</b>   | _____  |                | <b>Title:</b>  |
| <b>Email Address:</b>  | _____  |                | <b>Fax</b>     |
| <b>Billing Address:</b>  | Address1: _____  |                |                |
|  | Address2: _____  |                |                |
|  | Address3: _____  |                |                |
| <b>City:</b>   | <b>State:</b>  | <b>Zip:</b>    | <b>County:</b> |
| <b>Phone Number</b>  | Circle Type:   | Cell Work Home | ( ) - ext.     |
| <b>Check #:</b>  | <b>Does the check apply to more than one application?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                |

**Privacy Act Notice:** Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

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SECTION 2  
MODULES FOR EXAMINATION:

Check all that apply: The core module must be passed in addition to at least one other module before a permit can be issued. Do not sign up again for any modules you have already passed.

- Core: radiation protection, equipment operation and quality control, image production and evaluation, patient care and education
- chest procedures
- extremities procedures (includes shoulder)
- spinal procedures

|                              |            |
|------------------------------|------------|
|                              |            |
| Signature of Applicant _____ | Date _____ |

**IDPH/Bureau of Radiological Health (BRH)**  
**INSTRUCTIONS FOR COMPLETING THE APPLICATION**  
**FOR THE LIMITED RADIOGRAPHER EXAMINATION**

This application, when properly submitted and processed by the BRH, constitutes a request to take the limited radiography examination in accordance with the Code of Iowa, Chapter 641-Chapter 42(136C). A completed application consists of the application for the examination and the examination fee. Details can be found on our website: [www.idph.state.ia.us/permitstooperate/](http://www.idph.state.ia.us/permitstooperate/)

**INSTRUCTIONS FOR SECTION 1: Personal Information**

Physical address is where you actually live.

Is your physical address the same as your mailing address? If you answer no:

Mailing address: Enter this if your mail is delivered to another address or post office box.

Mailing address phone number: Example: a business office or offsite main organization office.

**Billing information**

If your billing address is different from your physical address OR another person or entity is providing the payment OR the name on the check is different from your name, then you must complete the billing information.

If you are writing one check for more than one application, please list the name and address for each individual and permit number if one has already been issued.

Social Security Number and Date of Birth. These fields are required.

**INSTRUCTIONS FOR SECTION 2:**

The Bureau contracts with the American Registry of Radiologic Technologists (ARRT) for examination of limited radiographers. Satisfactorily completing the examination is required before a permit to operate can be issued.

1. You may submit your examination application as soon as you have completed your training.
2. Your examination packet should arrive at your home approximately 2 weeks after IDPH receives your application. A complete list of examination centers will be included in your examination packet. You do not schedule a place or date until you receive the handbook from the examination provider that will explain the process. You can schedule your examination according to the examination center's hours and your convenience. All examinations are given via computer. You do not schedule an examination with the IDPH.
3. If you do not attend a scheduled appointment, do not cancel an appointment on time, or let an assigned window date expire, you will forfeit the examination fee. You must submit another application and pay the fee again.
4. IDPH receives examination results approximately 2 weeks after you take the examination. Pass/fail letters are issued within 1 week of receipt of results. The passing score is 70% for each section. If you

fail any module, you must submit a new application and another \$135 fee regardless of how many modules you repeat.

#### INSTRUCTIONS FOR SECTION 3: Affirmation for a sole proprietor

Section 3 pertains to the sole proprietor named in Section 1. The sole proprietor is the owner and must sign and date Section 3. Skip section 4.

#### INSTRUCTIONS FOR SECTION 4: Affirmation for firms and agencies

Section 4 should be completed and signed by the organization representative. This could be the owner, owner's representative, or the manager of the facility, for example.

#### SUBMISSION OF YOUR APPLICATION

Submit Sections 1, 2, and 3 of the application form and the nonrefundable fee of \$135 to:

Iowa Department of Public Health  
Bureau of Radiological Health  
Lucas State Office Building, 5<sup>th</sup> Fl  
321 East 12<sup>th</sup> St, Des Moines, IA 50319-0075.

**Make checks payable to IDPH. Online payment is not available currently.**

For questions, please call 515/281-0415; e-mail: [www.charlene.craig@idph.iowa.gov](mailto:www.charlene.craig@idph.iowa.gov)