### Nebraska Department of Health and Human Services Licensure Unit PO Box 94986 Lincoln, NE 68509-4986

### Application for ARRT Bone Densitometry Equipment Operator Examination

(Keep this Page for Your Records)

**Exam Fee** – **Exam Fee** – The exam fee should be paid to ARRT directly. The full exam fee must be paid each time you apply to take the exam regardless of the number of exam categories you take.

### **Exam Dates and Times**

The ARRT Bone Densitometry Equipment Operator Exam is a self-scheduled examination. Approximately 14 days after you submit the attached application, you will receive a packet from the ARRT containing complete instructions on scheduling a test date. Test dates can usually be arranged on weekdays between 8am and 5pm. Test sites are located in Lincoln, Omaha, and North Platte. You must take your exam within the ninety-day window assigned to you by the ARRT. IF YOU DO NOT TAKE YOUR TEST WITHIN NINETY-DAYS YOU WILL FORFEIT YOUR FEE.

Score Reports - Exam results will be mailed to you approximately four weeks after you take the test.

## How many times can I take the exam?

You must pay the fee each time you take the exam. You can take the exam up to three times without restriction. An applicant who fails to obtain a passing score on the third attempt must wait one year and complete continuing education coursework before reapplying for the exam.

### Licensure

<u>The attached application is not a license application</u>. It is an application to take the ARRT exam only. To receive a license, you must complete an additional application after you pass the exam. All applicants who pass the examination will be sent a license application.

If you have additional questions, please contact us at (402) 471-2118

FEE: \$100

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# Application for ARRT Bone Densitometry Equipment Operator Examination

To register for the ARRT Bone Densitometry Equipment Operator Exam, complete this form and return to the above address.

IMPORTANT: The first name, middle initial and last name that you provide below must match EXACTLY the information on your driver's license or state-issued ID card. You will NOT be admitted to the test and will forfeit your fee if there are any discrepancies. Type or print clearly.

Name:		
First	Middle Initial	Last
Other Names Formerly Used:		
Social Security #:		/ / Day Year
Place of Birth:		
City & State		
Street Address or PO Box:		
City:	State:	Zip Code:
Telephone: Work ()	Home ( ) .	
Have you previously taken or applied to ta	ake this exam? $\Box$	Yes 🗖 No
All information I have provided on this application	is accurate and true to the b	best of my knowledge.
Signature of Applicant		Date