THE SOUTH CAROLINA RADIATION QUALITY STANDARDS ASSOCIATION
P.O. Box 7515 ● Columbia, SC 29202● Telephone # (877) 771-6141 ● Fax # (803) 771-8048 ● www.scrqsa.org

APPLICATION FOR RECERTIFICATION

****Individuals qualifying as ARRT, NMTCB, ISCD, PET, CT or RCIS certified must include a copy of the current ARRT, NMTCB, ISCD or RCIS certification card or ARRT verification letter. We do not need copies of your CEs as long as you are in good standing. [This only applies to the certifications in the LEFT column below.] You can receive an ARRT verification letter at https://apps.arrt.org/VerifyRegistration.**

***Individuals applying for recertification that hold a limited certificate must provide copy of the appropriate number of hours of continuing education (CEs) documentation. [This only applies to of the certifications in th Right column below].**

The CERTIFICATON FEE IS $50.00 for two-year certification cycle (regardless of the number of categories checked). Please make checks payable to the SCRQSA. This fee is NOT refundable. A LATE FEE OF $10 WILL BE CHARGED IF RENEWAL IS MORE THAN THIRTY DAYS LATE. Payment of fee is not deductible as a charitable contribution but may qualify as an employee business expense deduction on your personal tax return. Your application must be signed and dated or it will be returned. An expedited application requires an additional $25 processing fee.

IMPORTANT NOTICE: Failure to provide complete and accurate information in each of the spaces provided or failure to include the correct fee will result in an incomplete application. Incomplete applications are returned and penalties will be applied. It is your responsibility to notify the SCRQSA office within 30 days of a change of address and/or name change in writing.

CERTIFICATIONS OFFERED

- ☐ Radiography (ARRT)**
- ☐ Radiography (Non-ARRT) * (24 hours CE)
- ☐ Nuclear Medicine Technology (ARRT or NMTCB) **
- ☐ Radiation Therapist (ARRT)**
- ☐ Radiation Therapist (Non-ARRT) * (24 hours CE)
- ☐ Invasive Specialist (ARRT, RCIS) **
- ☐ PET (NMTCB) **
- ☐ Computed Tomography/CT (ARRT) **
- ☐ Computed Tomography/CT – Non-Diagnostic (NMTBC) **
- ☐ Limited Practice Radiographer-General* (12 hours CE)
- ☐ Limited Practice Radiographer-Chest* (6 hours CE)
- ☐ Limited Practice Radiographer-Podiatric* (6 hours CE)
- ☐ Limited Practice Radiographer-Chiropractic* (12 hours CE)
- ☐ Bone Densitometry Operator (ISCD)* (12 hours CE)
- ☐ Bone Densitometry Operator* (12 hours CE)
- ☐ Limited Bone Densitometry Operator- Peripheral

Please PRINT Legibly or TYPE

FIRST NAME _____ **M.I.**_____ **LAST NAME** _____

Mailing Address: _____ ☐ **Check here if new address and/or legal name change**

City _____ **State** _____ **Zip Code** _____

Home Phone Number _____ **SCRQSA Certificate #** _____ **[if applicable]**

Birthdate and Social Security must be provided for purposes of positive identification. **ARRT/NMTB/RCIS #** _____ **[if applicable]**

_____ **XXX - XX -** _____ **E-MAIL:** _____
MO DAY YR SOCIAL SECURITY # (LAST 4 DIGITS) [MUST BE A VALID E-MAIL ADDRESSTHAT YOU CHECK OFTEN]

_____ **Employment Facility Phone Number** _____
EMPLOYER AND/OR /MEDICAL FACILITY

☐ **Check if more than one place of employment** ☐ **Check here if wish to be excluded from the online directory of certificate holders**

_____ _____
Signature of applicant (NOT VALID IF NOT SIGNED) **Date of Application**

For Credit Card Payments: **Please check CREDIT CARD TYPE:** ☐ **MasterCard** ☐ **VISA** ☐ **DISCOVER**

Card Number: _____ **Expiration Date:** _____ **CVV Code:** _____

Signature of Card Holder: _____ **Billing Zip Code:** _____

FOR OFFICE USE ONLY: ☐ **Check/Money Order Number #**_____ ____ **Credit Card** **AMOUNT:**_____

Revised March 2021