



**COMPLETE FORM ONLINE,  
 PRINT AND MAIL TO OUR  
 OFFICE**

**APPLICATION FOR DELAWARE RADIOGRAPHY CERTIFICATE  
 LIMITED SCOPE MEDICAL, OR BONE DENSITOMETRY EXAMINATION**

Complete and return this application toward obtaining a radiography certificate. See below for specific examination. Please mail to the following address below. Payment will be made directly to the testing firm. Do not submit payment to this office. Allow a minimum of three (3) weeks for processing. **Incomplete applications will be returned.** Mail to:

Delaware Office of Radiation Control  
 417 Federal Street  
 Dover, DE 19901

**(PLEASE TYPE OR PRINT LEGIBLY)**

FULL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**STATE EXAMINEES: LIMITED SCOPE MEDICAL**

**LIMITED SCOPE EXAMINATION:**

Your full name, address, birth date and social security number will be provided by secure means to the American Registry of Radiologic Technologists (ARRT) for processing, who will contact you with further instructions about scheduling your exam.

I plan to take the following examination(s): **(please check all specialties that apply):**

Chest  Extremities  Skull  Spine  Podiatry  Core Medical Exam (required for limited scope medical)

**BONE DENSITOMETRY OPERATORS EXAMINATION:**

Your full name, address, birth date and social security number will be provided by secure means to the American Registry of Radiologic Technologists (ARRT) for processing, who will contact you with further instructions about scheduling your exam.

Bone Densitometry Operators Exam **(for those seeking to practice bone densitometry ONLY)**

Have you been convicted of a felony within the past ten years?  YES  NO (If yes, attach a copy of court documents which include charges and disposition papers).

I certify that I have read and understand my mandatory obligation to report in writing to the Board of Medical Licensure and Discipline any instance of unprofessional conduct and/or unsafe practice conditions by a medical practitioner within 30 days of becoming aware of such conduct/conditions or to immediately make an oral report to the Department of Services for Children, Youth and their Families knowledge or suspicion of child abuse or neglect:  YES  NO

I certify that the information provided is true to the best of my knowledge.  YES  NO

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE



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 Dover, DE 19901

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FULL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SELECT CERTIFICATE TYPE REQUESTED**

Radiation Technician certificates are issued with the following legal titles, after receiving proof of the applicant passing the state examination. **On page 1, check off the category for which you are requesting certification.**

- Medical Radiation Technician, Limited Scope of Practice (State Limited Scope Exam, ARRT)
- Medical Radiation Technician, Bone Densitometry Only (State Bone Densitometry Operator Exam, ARRT)

**DUTY TO REPORT**

**1. To obtain a license in Delaware, you must certify that you understand that you have a *mandatory obligation* to file a written report with the Board of Medical Licensure and Discipline within 30 days of becoming aware of or having any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C §1731 OR that he/she is (or may be):**  
 medically incompetent  
 mentally or physically unable to engage safely in the practice of medicine  
 excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of 24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A above, and that I understand my *duty to report*.  YES  NO

**2. To obtain a license in Delaware, you must certify that you understand that you have a *mandatory obligation* to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up, with any requested written reports.**

I certify that I have read and understand the provisions of 16 Del. C. §903 above, and that I understand my *duty to report*.  YES  NO

**I certify that the information provided is true to the best of my knowledge.**  YES  NO

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

**INSTRUCTIONS FOR COMPLETING FORM ORC R16-S  
APPLICATION FOR STATE RADIOGRAPHY CERTIFICATE  
MEDICAL LIMITED SCOPE OR BONE DENSITOMETRY**

<b>Item</b>	<b>Instructions/Definitions</b>
Name and Address	Submit application with current full name and mailing address. If your name has changed, photo copy proof is required, eg. copy of marriage license, judgement of divorce, or court papers. Applicant is obligated to notify the Office of Radiation Control when name or address changes utilizing ORC Form R16-A: <a href="http://www.dhss.delaware.gov/dhss/dph/hsp/orc.html">http://www.dhss.delaware.gov/dhss/dph/hsp/orc.html</a>
Social Security Number	A social security number is required for purposes of positive identification. Applicants who do not possess a social security number may submit an official notarized affidavit with their application for radiation technologist/technician certification. Either a social security number, OR the notarized affidavit must be submitted in order for the application to be deemed complete. See ORC webpage (link above).
Date of Birth	A date of birth is required for purposes of positive identification.
State Medical Radiation Technician Certificate	Individuals must specify which type of state radiography certificate they are applying for: <ul style="list-style-type: none"> <li>• Medical Limited Scope, or</li> <li>• Bone Densitometry</li> </ul>
Examination Fees	An examination fee of \$125.00 must be submitted directly to the American Registry of Radiologic Technology (ARRT) for the following exams: <ul style="list-style-type: none"> <li>• Medical Limited Scope</li> <li>• Bone Densitometry</li> </ul>
Medical Limited Scope	To obtain a radiography certificate, individuals: <ul style="list-style-type: none"> <li>• Take and Pass the Medical Limited Scope Exam administered for Delaware by the American Registry of Radiologic Technology (ARRT)</li> </ul> <p>The Office of Radiation Control Provides the applicant's information to the ARRT. The ARRT will contact the applicant to schedule and provide details about the testing facilities. The ARRT transmits official exam results to the Office of Radiation Control, who then contacts the applicant via U.S. Postal Service. If a passing score was received, the applicant receives their certificate. If a passing score is not received, the applicant receives a notification letter from the Office of Radiation Control.</p>
Bone Densitometry	To obtain a radiography certificate, individuals must: <ul style="list-style-type: none"> <li>• Take and Pass the Bone Densitometry Operators Exam administered for Delaware by the American Registry of Radiologic Technology (ARRT),</li> </ul> <p>The Office of Radiation Control Provides the applicant's information to the ARRT. The ARRT will contact the applicant to schedule and provide details about the testing facilities. The ARRT transmits official exam results to the Office of Radiation Control, who then contacts the applicant via U.S. Postal Service. If a passing score was received, the applicant receives their certificate. If a passing score is not received, the applicant receives a notification letter from the Office of Radiation Control.</p>
Felony Conviction	The radiation technologist/technician regulations specify a list of offenses that can be the basis for refusal of an application for certification. The list includes having been convicted of a felony. If the applicant has been convicted of a felony within the past ten years, they must attach a copy of court documents which include the original charges, and disposition (case closed) papers. A felony conviction does not preclude certification in Delaware. However, the applicant must submit the specified documentation for review by the examining board.
Duty to Report Review of Delaware Code is Mandatory	Since 2011, applicants applying for licensure as health care workers are required to certify that they have read and understand their mandatory obligation to report within 30 days of becoming aware or having any reason to believe that a medical practitioner may be guilty of unprofessional conduct, of if they know of or suspect child abuse or neglect.