

**STATE OF HAWAII  
RADIOLOGIC TECHNOLOGY BOARD  
RENEWAL APPLICATION**

**Biennial Renewal Fee:**

**\$60.00** - Individuals **currently** licensed in **1** area

**\$65.00** - Individuals **currently** licensed in **2** areas and who wish to renew both licenses

**Make check or money order payable to the STATE DEPARTMENT OF HEALTH**

Renewal for:     **Certified Radiographer**    License #: R-\_\_\_\_\_     **Certified Radiation Therapist**    License #: T-\_\_\_\_\_     **Certified Nuclear Medicine Technologist**    License #: N-\_\_\_\_\_

**Return to:**    Indoor and Radiological Health Branch  
State Department of Health  
591 Ala Moana Boulevard, Rm. 133  
Honolulu, HI 96813-4921  
Telephone Number: (808) 586-4700

**\*There will be a service fee of \$25.00 for any check dishonored by the bank.**

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**PART I. IDENTIFICATION**

**New Address**

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Present Employer \_\_\_\_\_ Address \_\_\_\_\_

**PART II. PERSONAL DATA**

1. **Please check one:**

- I have met the CE requirements of the ARRT or NMTCB within the previous 2 years  
**Please attach a copy of your current ARRT or NMTCB membership card**
- I have obtained 24 CE credits acceptable to the board within the previous 2 years (Non-ARRT/NMTCB Registrants)  
**Please submit verification of at least 24 completed credits (certificates, ASRT listing, etc.)**
- I have **NOT** met the required CE requirement within the previous 2 years.  
**Number of credits obtained: \_\_\_\_\_ (Please submit verification of completed credits)**

2. Have you been arrested and convicted for any violation of any Federal law, State law, county or municipal law, regulation, or ordinance during the past two years. (Do not include traffic violations for which a fine of \$50 or less was imposed). If your answer is yes to the above question, give a complete explanation on a separate sheet. **(Check one)**

Yes       No

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**

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For Office Use Only

Date Renewal Application Received: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date License(s) Mailed: \_\_\_\_\_

License(s) Expire: \_\_\_\_\_