



**CERTIFICATION BOARD
FOR
RADIOLOGY PRACTITIONER ASSISTANTS**

**APPLICATION FOR EXAMINATION &
CERTIFICATION**

INSTRUCTIONS:

- 1. All sections of the application must be completed.**
- 2. Print neatly or type the information requested.**
- 3. Remember to sign the application and include your competency listing signed by the supervising radiologist.**
- 4. Enclose a check or money order for the amount made payable to CBRPA, or register on-line.**
- 5. Submit your application at least 3 weeks prior to your examination date.**

SECTION A: Provide complete information and print legibly.

I am applying to sit for the CBRPA Certification Examination.

Name: _____
 First **Middle Initial** **Last**
(My name will appear on my certificate exactly as it appears above.)

Address: _____
 Street Number **Apt.#**

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

Telephone: (Day) _____ / _____ **(Evening)** _____ / _____
 Area Code Area Code

ARRT Registry # _____ **Date of ARRT Certification** _____

Social Security Number: _____ **Date of Birth:** _____

Email address: _____

I attest that the above information relating to my ARRT Certification to be true and the CBRPA has my permission to verify the information.

I understand the information on this application will be kept confidential, except for the verification needs of the CBRPA.

SECTION B: Each candidate must complete an educational program recognized by the CBRPA. Please provide the requested information.

I attended and successfully completed this CBRPA recognized university program of study.

University Name and Department

University Mailing Address of Department

City State Zip Code

I received () or will receive () my baccalaureate degree from the above university on:

Month Day Year

Your department chairperson at the university must sign the following statement:

“I have reviewed this application and verify the information pertaining to completion of a CBRPA recognized program to be correct.”

Department Chairperson Signature or Supervising Faculty Date

SECTION C: Supervising radiologist must complete this portion.

Your supervising radiologist must sign the following statement:

“The candidate completing this application for CBRPA examination and certification has been supervised by me and can competently perform assigned tasks and procedures and can evaluate imaging examinations with a high degree of accuracy in the clinical setting.”

Signature of Supervising Physician Board Certification#

Health Care Facility Mailing Address

City State Zip Code

Telephone /
Area Code

SECTION D:

STATEMENT OF APPLICATION

Each applicant must sign this statement.

I hereby make application to the Certification Board for Radiology Practitioner Assistants, Inc. (CBRPA) for examination and certification. I understand and agree to be bound by the rules and regulations of the CBRPA.

I attest that I am certified and registered by the ARRT and will keep my registration with the ARRT in an active status.

I have enclosed the examination fee cover review of my credentials and the administration of the certification examination. If the application is withdrawn prior to issuance of the examination authorization letter, a refund will be made. I understand that the total fee will be forfeited if my withdrawal request is received after the authorization letter is issued, unless the CBRPA Board of Directors rules otherwise in specific cases. If I fail to keep the appointment for examination on the designated date, I understand that I will not be eligible for a refund and will be required to submit another application and fee for any future examination.

I understand that I may be disqualified from examination, from re-examination, or from issuance of the certificate, or to the forfeiture and re-delivery of such certificate, in the event that any statements made by me on this application are false, or in the event that assistance of any kind was received or given during the examination process, or in the event that I do not comply with or shall violate the rules and regulations of the CBRPA. I hereby expressly consent to such disqualification from examination, re-examination, or from the issuance of the certificate, or forfeiture and re-delivery of the same, in the event that any statements made by me on this application are false, or in the event that assistance of any kind was received or given during the examination process, or in the event that I did not comply with or shall violate any rules and regulations of the CBRPA. I agree and promise to hold the CBRPA and its members, examiners, officers and agents free and harmless from any damage or loss of complaint by reason or any action they, or any of them, may take in connection with this application, such examinations, the score or scores given with respect to the examination(s), or failure of the CBRPA to issue me a certificate.

I understand and agree that all statements, letters of reference, and other information furnished to the CBRPA in connection with this application shall be the property of CBRPA and are not subject to examination by me nor anyone acting on my behalf.

I have read the examination instructions. I understand that if an applicant is caught cheating on the examination, his or her results will be withheld until such time as the applicant appeals to the CBRPA, at which time the Board of Directors will decide each individual case.

I declare that I have examined this application, and that to the best of my knowledge and belief it is true, correct and complete. I authorize representatives of the CBRPA to verify the accuracy of any information contained in this application from persons having knowledge of such information.

I certify that I am the candidate whose signature appears below. I also certify that, because of the confidential nature of these copyright materials, I will not retain or copy any examination material and I will not reveal the content of these materials.

Signature of the Applicant/Candidate

Date

**Mail this application to: CBRPA
225 Dupont Drive
PO Box 1626
Lander, WY 82520**

FOR OFFICE USE ONLY

File #: _____

Fee Received: _____

Check #: _____

Verification: _____

Acknowledgment mailed: _____