

AMERICAN CHIROPRACTIC REGISTRY OF RADIOLOGIC TECHNOLOGISTS
52 WEST COLFAX STREET, PALATINE, ILLINOIS 60067
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www.acrrt.com

LIMITED PERMIT EXAM
RADIOLOGIC TECHNOLOGIST

Please indicate current AND permanent address if different

APPLICATION FEE \$145.00

FEE WILL NOT BE REFUNDED

PLEASE TYPE OR PRINT

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS CITY

STATE ZIP HOME PHONE

MALE ___ FEMALE ___ BIRTHDAY _____
MONTH/DAY/YEAR WORK PHONE

BIRTHPLACE _____
CITY STATE FAX

SOCIAL SECURITY NUMBER EMAIL

EMPLOYER

EMPLOYER ADDRESS CITY STATE ZIP

APPLICANT SIGNATURE DATE

NOTE:
THE LIMITED PERMIT EXAMINATION IS ADMINISTERED UNDER THE AEGIS OF THE AMERICAN CHIROPRACTIC REGISTRY OF RADIOLOGIC TECHNOLOGISTS. SUCCESSFUL COMPLETION AND ANY AWARD OF PROFICIENCY FOR THE LIMITED PERMIT EXAMINATION DOES NOT MEET THE CRITERIA FOR ACRRT CERTIFICATION OR MEMBERSHIP STATUS.