



STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
*ADVISORY BOARD OF MEDICAL IMAGING AND
RADIATION THERAPY*

7 EAGLE SQUARE, CONCORD, NH 03301-4980
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TDD Access: Relay NH 1-800-735-2964
www.oplc.nh.gov

American Registry of Radiologic Technologists (ARRT) Exam Request

After submitting this document, you will receive further information on how to pay for the exam fee and schedule a date to sit for the exam. Please allow 7-10 business days for processing.

First Name: _____

Last Name: _____

Social Security Number (REQUIRED): _____ - _____ - _____

Birth Date: ____/____/____

Email Address: _____

Mailing Address: _____

City, State, and Zip Code: _____

School: _____

Please select one of the following exams. Candidates may not take the Limited Scope and BDEO exam at the same time. The pass rate is 80% for all exams, including specialties.

Limited Scope of Practice in Radiography

Bone Densitometry Equipment Operator Exam (BDEO)

** Core is required, you may select up to 2 other specialties.

Core (Required)

Chest

Extremities

Skull/Sinus

Spine

Podiatry

Please submit via email to OPLCLicensing3@oplc.nh.gov, or by mail to:

OPLC – MIRT
7 Eagle Square
Concord, NH 03301

April 2, 2024