

# Application for ARRT Limited Scope Examination

This application is designed for use by Limited Scope Testing, (LST) in conjunction with ARRT and the Tennessee Examining Boards.

Social Security #	<div style="display: flex; justify-content: space-between;"> <span>[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]</span> </div>	<i>For LST Only:</i> Received Date: _____ RES Database: _____ Reviewed By: _____ ARRT Website _____ Grades Sent Date: _____
Your Birth Date	<div style="display: flex; justify-content: space-between;"> <span>[ ][ ] - [ ][ ] - [ ][ ][ ][ ]</span> </div>	

**A COPY of your course completion certificate for each exam you selected to take and the 2 identifications you intend to use to enter the testing center, such as your driver license, S.S. card, etc., MUST ACCOMPANY THIS APPLICATION.**

If you are concerned as to what name or address to use when registering for this examination, **utilize your driver's license as a guide**. Your name must match your ID's to the letter! If you have changed your name for any reason, update your ID's to reflect your current information.

**SECTION 1 NOTE: Your FIRST, MIDDLE (name or Initial) and LAST NAME MUST MATCH your 2 state approved identifications (I.D.) in order to be admitted into the examination site. Please print legibly**

Last Name:																						
First Name:																						
Middle Name or Initial:																						
Address:																						
	(Street Number and Name)															(City)		(State)		(Zip)		
Primary Phone Number	[ ][ ][ ]		-	[ ][ ][ ]		-	[ ][ ][ ][ ]															

**REQUIRED: Email address:** \_\_\_\_\_ @ \_\_\_\_\_  
 ARRT exam results are sent by secure email from support@limitedscopetesting.com to the email address listed above. Make sure you have support@limitedscopetesting.com in your contact list.

**SECTION ( 2 ) I AM REQUESTING AN EXAMINATION IN THE FOLLOWING BODY PART'S**

(Select area to be tested)

*Please Circle one*

Indicate the name of the school you attended. NOTE: use code found on the back of this application.

	Core	(Circle one)	1st	2nd	3rd	4th	Attempt	
	Chest	(Circle one)	1st	2nd	3rd	4th	Attempt	
	Extremities	(Circle one)	1st	2nd	3rd	4th	Attempt	
	Skull/Sinus	(Circle one)	1st	2nd	3rd	4th	Attempt	
	Spine	(Circle one)	1st	2nd	3rd	4th	Attempt	

**Note: BD cannot be taken with X-Ray body parts, it must be taken alone.**

	Bone Densitometry	(Circle one)	1st	2nd	3rd	4th	Attempt	
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**Note: After your fourth (4th) unsuccessful attempt at passing any module, the applicant may not register without showing LST that additional education or course review has been completed.**

**Note: This list may change from time to time as school certification is periodically updated.**

**Code**

**RES** = Radiology Education Seminars

**XI** = X-Ray Instructional Programs

**Code**

**VAT-M** = Vatterott Educational Centers, Memphis Campus

**DAY** = Daymar College

**OTH**

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**SECTION (3) Statement of facts**

I, the undersigned, hereby verify that all statements and information contained in this application are true and correct. I have not omitted any information which may be of value to LST in determining my qualifications per all guidelines as set forth by the State of Tennessee. I hereby verify that I have read and understand all rules and regulations set forth by the appropriate governing board of the State of Tennessee pertaining to the use of ionizing radiation in the practice of medical x-ray and the operation of medical x-ray equipment.

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(Print Name)

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(Date)

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(Signature)

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**SECTION (4) Instructions and fees**

**REFUND POLICY**

**MAIL** your application to:

Make Checks payable to:

**Limited Scope Testing**

**420 E. Iris Dr.**

**Nashville, TN 37204**

**Or pay online at:** <https://limitedscopetesting.com>

Office: (615) 292-5006

Fax: (615) 292-5009

**Email:** [support@limitedscopetesting.com](mailto:support@limitedscopetesting.com)

If payment is not received at the time of application, it will be HELD FOR 30-DAYS and then destroyed. Once application and payment are received, your application will be submitted to the ARRT.

ARRT will notify you directly regarding your 90-day examination window and furnish you with a complete instructional booklet. For answers to the most asked questions, **review the information booklet thoroughly.**

- 1) A refund of 50% is available when your application is withdrawn in writing, prior to your application having been submitted to ARRT.
- 2) NO refund will be available after your application has been submitted to ARRT.

**FEES: 1. Limited Scope X-Ray \$265.00**

*One or more body parts can be taken with each application.*

**2. Bone Densitometry \$265.00**

*BD examination cannot be taken in conjunction any x-ray examination.*

**3. Re-windowing \$ 25.00**

*Re-windowing requests must be made in writing and received in our office 48 hours prior to the end of your already established examination window. Re-windowing fee must accompany your written request.*

**(NO EXCEPTIONS)**

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**Accuracy of the information provided on this application is YOUR RESPONSIBILITY!**

Download additional applications from our WEB SITE @ [www.limitedscopetesting.com](http://www.limitedscopetesting.com)

(Revised 07/22/2020)