

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

Code

AP = A-Plus Radiographic Seminars
RES = Radiology Education Seminars
XI = X-Ray Instructional Programs
JC = Jackson Clinic School of Radiology
OTH = Other _____

Code

HTN = Hi-Tech Institute, Nashville
HTM = Hi-Tech Institute, Memphis
RE = Radiological Enterprises
TCA = TN Chiropractic Association

SECTION (5) 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 EPC 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.

(Print Name)

(Date)

(Signature)

SECTION (6) Instructions and fees

REFUND POLICY

MAIL your application to: (DO NOT FAX)

Make Checks payable to:

**Examination Processing Center
P.O. Box 41776
Nashville, TN 37204**

Office: (615) 383-9499

E-mail: joel@limitedscope.com

All applications are to be submitted directly to EPC with eligibility being reviewed and verified at that time. If the information provided on your application meets EPC or your state guidelines, your application will be submitted to ARRT. At that time ARRT will notify you directly regarding your ninety (90) day examination window and furnish you with a complete instructional booklet.

Review the informational booklet thoroughly.

- 1) A refund of 50% is offered when your application is withdrawn in writing, prior to your application having been submitted to ARRT.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:

First attempt: (Initial exam and/or upgrade)

Limited Scope X-Ray \$225.00

Bone Densitometry \$225.00

Retake: \$175.00

NOTE: Same fee for one or more body parts.

NOTE: BD examination cannot be taken in conjunction with X-ray examination

Re-windowing \$50.00

NOTE: (If you wish to extend your current 90 day window)

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)

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

Download additional applications from our WEB SITE @ www.limitedscope.com