

## **KENTUCKY LIMITED SCOPE RADIOGRAPHY EXAM INFORMATION (APPLICATION ON PAGE 3)**

The Kentucky Limited Scope Radiography exam is a computer-based test completed at Pearson VUE Testing Centers. The Kentucky Board of Medical Imaging & Radiation Therapy ("Board") qualifies individuals for the exam utilizing the attached application. The Board will provide the applicant's eligibility information to the American Registry of Radiologic Technologists ("ARRT"), which is the organization that creates the content for and administers the exam. Once deemed eligible by the Board, the applicant must then register to take the exam and pay the exam fee. Please review the following document for details about eligibility, exam process, and other important information.

### **Exam Eligibility:**

- Eligibility to apply for the exam is determined by requirements set forth in 201 KAR 46:081.
- An individual that has completed a Board-approved program shall successfully pass the exam within one (1) calendar year of program completion and prior to the expiration date of the temporary license, except in the case of instances such as, disability, major illness, accident, or if an active duty member of the Armed Forces of the United States.
- The attached application and \$25 fee is utilized for the Board to determine whether the individual is qualified to register for the exam.

### **Application/Examination Process:**

- If deemed qualified, the applicant will receive a letter from the Board with instructions on the registration process. Qualified candidates' eligibility information will be provided to the ARRT.
- Candidates will follow the instructions on creating an account, registering, and paying the \$150 examination fee directly to the ARRT. The Board will not accept payments for the examination fee.
- The ARRT will provide a State Candidate Status Report directly to each examinee. The information will include a status report, instructions, and toll-free numbers to the Pearson VUE Testing Centers. The Handbook for Examinees for the Limited Scope of Practice in Radiography is included and should be reviewed. It contains vital information concerning scheduling and the testing process.
- The instructions will also provide a 90-day testing window. The exam candidate will have a defined 90 day timeframe to call Pearson VUE Testing Centers and schedule an appointment to take the exam. Once the candidate has received the instructions from ARRT, it is important to call Pearson VUE Testing Centers soon to accommodate a convenient appointment for the examinee.
- Once the examinee and Pearson VUE have agreed on an exam date and location, any change must be made 72 hours prior to the exam date by contacting Pearson VUE directly. If any changes are made with less than 72 hours' notice, or if the applicant does not show up for the scheduled exam, the applicant forfeits the examination fee, and the process would begin again by resubmitting an exam qualification application, supporting documents, and fee to the Board.
- Following completion of the exam, the raw scores are submitted directly to the Board from the ARRT. The Board processes the scores and sends the final pass or fail results to the examinee. This process may take up to four (4) weeks from the date the exam was taken.

### **Exam Fee Information:**

- There is a \$25 examination qualification fee associated with exam eligibility. The fee must be paid whether taking an initial exam or a repeat exam. This fee does not include registration for the exam; that fee is paid directly to the ARRT once determined eligible.

- The exam qualification fee submitted to the Board is non-refundable and non-transferable pursuant to 201 KAR 46:020, Section 9.
- Any exam dates missed without following the process for cancellation will result in forfeiture of all fees and will require the individual to submit another application and fee to the Board and registration and examination fee to the ARRT.

**Testing Center:**

- Pearson VUE Testing Centers in Kentucky are located in Lexington and Louisville. Information about out-of-state testing centers is available on the Pearson VUE website: <https://home.pearsonvue.com/>
- Please note, on the day of the exam two forms of ID must be presented to Pearson VUE: one primary ID (government-issued with name, photo, and signature) and one secondary ID (name and signature). For current list of acceptable forms of primary ID and secondary ID, visit the Pearson VUE website: <https://home.pearsonvue.com/Clients/ICAEW/ID-Requirements.aspx>

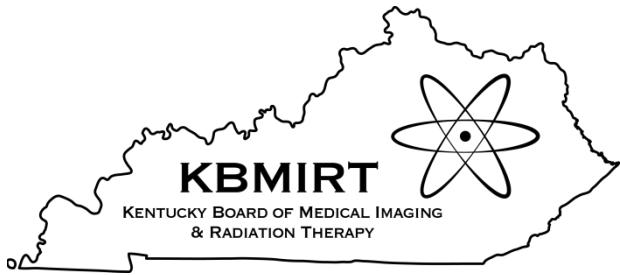
**Questions:**

- For questions about qualification to register for the exam, the application process, or name and/or address changes after the submission of an exam application, please contact the Board at 502-782-5687.
- For questions about exam content specifications or handbooks, taking the exam, or issues at the testing center, contact ARRT at 651-687-0048.
- For questions regarding test schedule (need to schedule, reschedule or cancel an exam), questions about ADA accommodations, or questions about ID or other testing requirements, contact Pearson VUE at 800-632-9055.

Please note, the Kentucky Limited Scope Radiography Exam is not the same as taking an exam for ARRT certification and registration. The Kentucky Limited Scope Radiography Exam is one of the requirements for a license to practice limited diagnostic radiography in the Commonwealth of Kentucky.

**COMPLETE THE ENCLOSED EXAM QUALIFICATION APPLICATION AND SUBMIT TO:**

Kentucky Board of Medical Imaging and Radiation Therapy  
125 Holmes Street, Suite 320  
Frankfort, Kentucky 40601



# Kentucky Board of Medical Imaging and Radiation Therapy

125 Holmes Street, Suite 320  
Frankfort, KY 40601  
Phone: (502)782-5687

## KENTUCKY LIMITED SCOPE RADIOGRAPHY EXAM QUALIFICATION APPLICATION

**Instructions:** Please print legibly or type and complete entirely. Include supporting documents to avoid delays in processing.

### Personal Information

Social Security Number \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_\_

Name: \* \_\_\_\_\_  
First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*Please include a copy of a government issued photo I.D.**

### Exam Qualification Fee (select one)

- Medical ..... \$25.00
- Podiatry ..... \$25.00
- Bone Densitometry ..... \$25.00

**Payments can be made by submitting check or money order payable to: The Kentucky State Treasurer.**

### Education Information

- Institutional Program for Limited X-ray Machine Operator

Name of Program: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Please submit copy of diploma/certificate with application.**

- Independent Study Course

Name of Program: \_\_\_\_\_

Date Completed: \_\_\_\_\_

If Kentucky ISC, Course Number: \_\_\_\_\_

**Please submit copy of completion letter with application.**

### Attestation Statement and Signature

**All applicants please read, sign, and date the statement below. All applications will be null and void unless properly signed.**  
I hereby submit this complete application and supporting documents and attest to its authenticity and the accuracy of the application and all information contained herein. I further understand that if any information contained in this application or the supporting documents submitted on my behalf, is determined to be false or misleading, this may be cause for denial, revocation or suspension of any license pursuant to this application and criminal prosecution and punishment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_