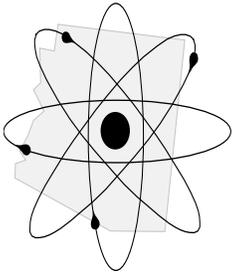


TO OBTAIN MAMMOGRAPHY LICENSE

1. Contact ARRT, www.arrt.org , and request a mammography packet.
2. Print the Student Mammo Training Information form from the MRTBE forms section of the Arizona Radiation Regulatory Agency's website, arra.az.gov . Complete the form and submit via fax to the attention of Shanna Farish, 602-437-0704. Be sure and include a complete return address and return fax number. Student Mammography training forms are valid for 1 year.
3. While in training status, the first 25 supervised mammograms must be performed under the direct supervision (in the room) of a licensed mammography technologist. After the first 25, the licensed technologist must be available in the facility.
4. Once the mammography ARRT mammography packet has been completed, contact the ARRT for submission and schedule the board exam. (be sure and copy the packet prior to submission to the ARRT)
5. Upon receiving notification of passing the board examination, the technologist shall notify the MRTBE and apply for mammography license.

**FROM THE TIME THE PACKET IS SUBMITTED
TO THE ARRT AND THE TIME THE
TECHNOLOGIST RECEIVES THEIR ARIZONA
MRTBE MAMMOGRAPHY LICENSE THE
TECHNOLOGIST MAY NOT PERFORM ANY
MAMMOGRAPHY EXAMS, NOT EVEN UNDER
SUPERVISION.**



**MEDICAL RADIOLOGIC TECHNOLOGY
BOARD OF EXAMINERS**

Brian D. Goretzki, Chairman
Shanna Farish, Executive Director
4814 South 40th Street Phoenix, AZ 85040-2940
Phone: (602) 255-4828 Fax: (602) 437-0704



Student Mammographer Training Information

Technologists may begin training as mammographers after the following information has been submitted to the MRTBE. During the mammography training period, the technologist is considered a student and is therefore exempt from certification while in student status. During the period between the time the student completes training and before they have obtained MRTBE mammography certification, they may not perform mammography even under the supervision of a certified mammographer.

Date _____

Name of ARRA approved mammography facility

Address of ARRA approved mammography facility

Facility Phone Number

Facility Fax Number

Printed name of student mammographer

Signature of student mammographer

Students MRTBE **CRT** certificate number

Expiration Date

Printed name of supervising mammographer

Signature of supervising mammographer

Supervisors MRTBE **CMT** certificate number

Expiration Date

Printed name of Supervising Radiologist

Radiologist's Signature

FOR MRTBE USE ONLY

Date _____ MRTBE Signature _____

Expiration Date _____

State Seal