Medical Radiation Technology Verification of Education for Temporary Registration

Instruction to Applicant:

Upon completion of the demographic information and waiver below, this form should be signed, notarized, and sent to the Institution where you obtained your degree in Medical Radiation Technology.

Date		
Name (Last, First, Middle, Initial)	Maiden Name or Given Surname	
Address (Street, City, State and Zip Code)	Phone Number Home	Work
Social Security Number	Date of Graduation	
Waiver for the Release of Information: am applying for a temporary registration as a Medical	Subscribed and sworn to before	
Radiation Technologist in the State of Mississippi. I hereby authorize the verification of my degree conferred and further uthorize the release of any transcript or other information,	My commission expires	20
avorable or otherwise. to the Mississippi State Department of Health, Professional Licensure - Rad Tech, should this	Notary Signed	
nformation be requested at any time.		Seal
Date Signed		
Post Office Box	censure – Medical Rad Tech x 1700 sippi 39215-1700	
Name of Institution	Location of Institution (City & State)	
Dates of Attendance (Month/Year)	Total Number of Academic Years	
From: To:		
Dates Degree Conferred, or, Expected Date	Degree Conferred, or, to be Conferred	
Program Name & Curriculum Description Is this applicant eligible to sit for the ARRT or NMTCB Exam	nination □ Yes □ No	
Seal of the Institution	Title	
	Telephone Number	

Mississippi State Department of Health

Form 1312 Revision: 5/21/2024