MISSISSIPPI STATE DEPARTMENT OF HEALTH

MEDICAL RADIATION TECHNOLOGIST
LATE RENEWAL APPLICATION
COMPLETE AND UPDATE ALL INFORMATION

PERSONAL INFORMATION:

Name:_____ Registration #: _____ DOB: _____

Address:_____ County: _____ Phone: _____

Email address:_____

EMPLOYER INFORMATION:

Supervisor:_____ Registration #:_____

Name:_____

Address:_____ County:_____ Phone: _____

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1. Have you been convicted of any violations of law or have any pending charges (except minor traffic violations)since your last application? If yes, attach a full explanation. ☐YES ☐NO
2. Have any criminal charges or any civil lawsuits been filed against you in any jurisdiction since your last renewal?If yes, attach a full explanation. ☐YES ☐NO
3. Has any license or permit or registration or professional credential been encumbered in any way in any jurisdiction since your last renewal? If yes, attach a full explanation. ☐YES ☐NO

Are you registered as one of the following (please select all that apply):

☐ Radiologic Technologist ☐ Nuclear Medicine Technologist ☐ Radiation Therapist

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I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Registration of Medical Radiation Technologists and affirm that all conditions for licensure have been met and will be maintained.

_____ _____

(Applicant's Signature) (Date)

HAVE YOU

1. COMPLETE THE REQUESTED ABOVE INFORMATION
2. SIGN AND DATE THE RENEWAL APPLICATION
3. ENCLOSE THE RENEWAL FEE OF **$50.00** AND **$200.00 LATE FEE**. MAKE A CHECK OR MONEY MADE PAYABLE TO **THE MISSISSIPPI STATE DEPARTMENT OF HEALTH (MSDH)**.
4. ENCLOSE PROOF OF CONTINUING EDUCATION REQUIREMENTS.

MAIL TO:

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE – MEDICAL RADIATION TECHNOLOGISTS
P.O. BOX 1700
JACKSON, MS 39215-1700