

BioData Form

Please complete the information below or submit a resume or vita.

Name: _____ **Telephone #s:** _____ home #
Address: _____ work #
_____ cell #
_____ **E-mail:** _____

Education:

| Institution | Degree/Certificate Received | Area of Study |
|-------------|-----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Employment History:

| Organization | Dates | Job Title |
|--------------|-------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Professional Affiliations, Licensures, & Certificates: *List all relevant to radiologic technology.*

Other: *awards, service, special interests*

Optional Summary Statement: *Highlight strongest skills and area of professional expertise*

Thank you! Please return this form along with the ARRT Exam Development Activity Preference Form via: fax (651) 681-3298; or mail to ARRT, Attn: Psychometric Services, 1255 Northland Dr., St. Paul, MN 55120