

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