



**APPLICATION INSTRUCTIONS FOR A NEW JERSEY LICENSE IN DIAGNOSTIC  
RADIOGRAPHY, LIMITED RADIOGRAPHY, OR RADIATION THERAPY EFFECTIVE  
April 28, 2022**

**This application cannot be used for license renewal or for an initial license in  
Dental Radiologic Technology or Fusion Imaging CT Technology**

**General Instructions:**

- Make sure the application is complete with all appropriate questions answered.
- Under the Federal Privacy Act, 5 USC 552a disclosure of your Social Security Number is voluntary. It is used solely as an internal identifier.
- All applicants must be 18 years of age at the time of application.
- All applicants must **submit** a copy of your diploma or other proof that you completed at least a high school level education in the United States or its equivalent (such as a GED or a foreign education that has been evaluated and deemed to be equivalent).
- Sign the application and have it notarized by a notary public with a current date. (Notaries can be found in your local telephone book)
- A nonrefundable/nontransferable fee must accompany all applications (**License fee is \$60.00**). Payment must be by personal check or money order, made payable to Treasurer, State of New Jersey.

**Special Instructions:**

**For Examination information or for other license applications:** Go to the [Licensing Information page](#) and click on the license category of interest for information.

To be eligible for a license in any of the license category on Page 2, the applicant must comply with **one** of the three licensure options on Page 2 of the application:

1. If you are applying under Option 1: Please submit your current ARRT certification and proof of completing a NJ or JRCERT approved program or the equivalent<sup>1</sup>.
2. If you are applying under Option 2: Please submit proof that you passed the State or an equivalent<sup>2</sup> examination within the last 5 years and proof of completing a NJ or JRCERT approved program or the equivalent<sup>1</sup> within the last 5 years.
3. If you are applying under Option 3: Please submit proof that you passed the State or an equivalent<sup>2</sup> examination within the last 5 years, proof of completing a NJ or JRCERT approved program or the equivalent<sup>1</sup> and a letter from a supervising technologist and licensed physician attesting your employment within the last 5 years to include the dates of employment, a detailed list of procedures performed and a statement regarding your competency in performing these procedures.

<sup>1</sup> Equivalency will be determined by the Board based on its review of the educational materials that are submitted.

<sup>2</sup> If you passed another state's examination, you must submit proof of a current license and information from that state agency regarding its examination.

**Please send application and fee with the necessary supporting documentation to:**

**Department of Environmental Protection, Bureau of X-Ray Compliance  
US Postal Service: PO Box 420 (Mail Code 25-01), Trenton, New Jersey 08625-0420**

**Overnight Mailing Address: 25 Arctic Parkway, Ewing, New Jersey 08638  
(Use this address for UPS, FedEx, etc.)**

**Tel: (609) 984-5890 Fax: (609) 984-5811 Internet address: [www.xray.nj.gov](http://www.xray.nj.gov)**