ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

CONTINUING EDUCATION ATTESTATION

Bureau of Special Licensing
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007

APPLICANT INFORMATION		
Legal First Name	Legal Last Name	Date of Birth

Check the box to the left of the discipline for which you are applying. Choose only one.

Community Health Worker	☐	CHW - Community Health Worker		
Medical Radiologic Technologist	☐	CMT - Certified Mammographic Technologist	☐	CNMT - Certified Nuclear Medicine Technologist
	☐	CRA - Certified Radiologist Assistant	☐	CRT - Certified Radiologic Technologist (Full scope X-Ray Tech)
	☐	CTCT - Certified Technologist in Computed Tomography	☐	CTT - Certified Radiation Therapy Technologist
	☐	CPTP - Certified Practical Technologist in Podiatry	☐	CPTR - Certified Practical Technologist in Radiology (Limited scope X-Ray Tech)
	☐	PTBD - Practical Technologist in Bone Densitometry		

Attestation of completing continuing education requirements

I, _____, attest that:
(Printed Applicant's Name)

- ✓ I have completed the continuing education requirements for my license or certificate type, according to, as applicable:

Occupation	Applicable Statute (A.R.S.) or Rule (A.A.C.)
Community Health Workers	A.R.S. § 36-765.02(A)(4), A.A.C. R9-16-806
Medical Radiologic Technologists	A.R.S. §§ 32-2815(D), 32-2841(E); as applicable

- ✓ Documentation of completion of the continuing education requirements is available upon request.

_____ _____
Applicant's Signature Date