

## **X-ray Unit Examination Process**

### **BONE DENSITOMETRY EQUIPMENT OPERATORS**

#### **Examination Process**

1. Download Bone Densitometry Equipment Operators Exam application on our website at [www.health.state.mn.us/xray](http://www.health.state.mn.us/xray).
2. Include a \$25.00 money order or cashier's check payable to Minnesota Department of Health (MDH) with the application. Fees are nonrefundable and nontransferable.
3. MDH recommends typing or writing legibly on this application and sending it Certified Mail.
4. MDH will review the application, and send a letter by mail or email to the applicant regarding next steps and payment to ARRT.
5. After receiving notification from MDH, the applicant will pay the ARRT fee of \$140.00 by credit card on their website, or by money order or cashier's check via mail to ARRT.
6. ARRT will send applicants the exam materials. Applicants will have 90 days in which to take the exam. MDH strongly recommends scheduling an exam right away, as exam sites fill up quickly.
7. MDH will notify approved applicants of their exam scores and passing exams. Passing rate is 70% for the core AND each module.

#### **Important Reminders**

- Bone Densitometry Equipment Operator applicants must pass the Bone Densitometry Equipment Operator exam before performing bone densitometry exams limited to bone densitometry equipment.
- If an applicant fails the exam, they will need to retake and pass in order to take x-rays.
- The fees and application process is the same for the initial application and the retake application.
- If an extension to the 90-day test window is needed, requests should be received one week prior to the window expiration date.
- If a current application for the Radiologic Technologist (RT) Exam, Limited Scope or Bone Density Exams is pending, applicants cannot apply for another exam until the pending exam is passed and/or application is closed.

# Bone Densitometry Equipment Operators Exam Application

## RADIATION CONTROL, X-RAY UNIT

### **Applicant** *(All fields in Applicant are mandatory)*

First Name:

Middle Initial:

Last Name:

Date of Birth (XX/XX/XXXX):

Social Security Number (XXX-XX-XXXX):

Home Address:

City/State/Zip:

Phone Number:

Email:

### **Exam Training**

School attended:

Training/Classes completed:

### **Bone Densitometry Core Exam**

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Bone Densitometry Core Exam

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Retake Bone Densitometry Core Exam

### **Fees Due with Application**

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\$25.00 MDH Processing Fee. Cashier's check/money order attached. Mail to address on next page.

### **Signature**

*I declare that all the information I have provided is true and complete, and that I have read and understand the "Tennessee Warning" below.*

**Applicant Signature**

**Date**

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## Tennessen Warning

The Commissioner of Health uses the information provided on an application to determine if you meet the requirements for licensure, certification, registration or other form of approval authorized by statute or rule. You are not required to provide any of the requested information. However, if the requested information is not provided, your application will be denied. Submitting false information will result in the denial of your application or suspending, revoking or taking other disciplinary action against your license, certificate, registration or other form of approval authorized by statute or rule after it is issued.

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number to the commissioner before a license, certificate, registration or other form of approval authorized by statute or rule can be issued to you. The information submitted will not be disclosed outside the Minnesota Department of Health during the application process. It may be disclosed to others, including the Attorney General's Office and persons contacted for purposes of verification or investigation, if required by law. Information on the application, including your social security number, will be provided to the Minnesota Department of Revenue at its request. If the matter of your license, registration or other form of approval authorized by statute or rule is contested, the information submitted on the application may become public. When you become licensed, certified, registered or other form of approval authorized by statute or rule, all information in the application becomes public, except your social security number, which remains private.

01/02/2020

Minnesota Department of Health

Radiation Control, X-ray Unit

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651-201-4545

[health.xray@state.mn.us](mailto:health.xray@state.mn.us)

[www.health.state.mn.us/xray](http://www.health.state.mn.us/xray)

*To obtain this information in a different format, call: 651-201-4545. Printed on recycled paper.*