

# BioData Form

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

**Name:** \_\_\_\_\_

**Telephone #s:** \_\_\_\_\_ home #  
\_\_\_\_\_ work #  
\_\_\_\_\_ cell #

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**