

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF X-RAY COMPLIANCE
PO BOX 420, MAIL CODE 25-01, TRENTON, NEW JERSEY 08625-0420
609-984-5890
www.xray.nj.gov**

APPLICATION FOR SCHOOL OF DIAGNOSTIC RADIOLOGY TECHNOLOGY

A. SCHOOL ORGANIZATIONAL INFORMATION

1. Name: _____

Street

City State Zip Code
2. Telephone Number _____
3. Fax Number _____
4. School's web address _____
5. School Administrator/Owner: _____
_____ Title: _____
6. Program Director:
Name: _____
Title: _____
Phone: _____ E-mail Address: _____
7. Program web address _____
8. Indicate starting date) _____
9. Indicate completion date _____
10. Requested Total Student Capacity: _____
11. Name of the radiation monitoring company that will be used and frequency that monitors will be exchanged: _____
12. Is the school accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT)? YES ___ NO ___ If yes, please submit the school's: (a) current JRCERT accreditation letter; (b) JRCERT "Program Database Listing" report. If No, you must apply for JRCERT accreditation and submit a copy of the Self-Study Report.

