



State of Colorado  
Department of Public Health and Environment  
R-70 application  
Registration Limited Scope Operator

Instructions: This application must have original signatures and dates. Please provide all information requested on this form. Please scan and email completed form with all attachments to [cdphe.hmxraycomments@state.co.us](mailto:cdphe.hmxraycomments@state.co.us). Please retain a copy of the completed application form for your records. This form must be submitted with the required documentation and fee. A registration processing fee of \$60 must be attached to this application. For questions about completing this form, please call (303) 692-3448 or (888) 569-1831 ext. 3448 toll-free (outside the 303 area code) or fax (303) 691-7841 Attention: X-ray Certification Unit. Please mail check \$60 check to: CDPHE, HMWMD- XRC -B1, 4300 Cherry Creek Drive South, Denver, CO 80246-1530

Application date: _____	Application category (check one): <input type="checkbox"/> New application <input type="checkbox"/> Retake examination
Please check all that apply: <input type="checkbox"/> I am applying using my registration with another state. State: ___ License#: _____ <input type="checkbox"/> I have taken this exam before. <input type="checkbox"/> I was scheduled before and did not take exam. <input type="checkbox"/> I have payment for application processing fee of \$60.00 payable to the CDPHE.	

Application information:

Applicant's name:		Social security number:	Date of birth:
Mailing address:			
City:	State:	Zip code:	
Business phone number:	Cellular phone number:	Other phone number:	
Email address:			
Employer/business name:		Facility registration #:	
Employer/business address:			
City:	State:	Zip code:	
Examination modules (Check all that apply) : <input type="checkbox"/> Core <input type="checkbox"/> Chest <input type="checkbox"/> Extremity <input type="checkbox"/> Spine <input type="checkbox"/> Skull	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No      **Please include copy of government issued ID (Visit <a href="https://www.arrrt.org/Examination/Testing-Accommodations">https://www.arrrt.org/Examination/Testing-Accommodations</a> for more information on disability accommodations related to ARRT testing)		
I have read and understand the statements contained on this form. I certify that the information I have provided above is true and correct.			
Applicants signature:			Date:
Enclosed: <input type="checkbox"/> \$60.00 Payment <input type="checkbox"/> Copy of government issued ID <input type="checkbox"/> Completed R-71 form			
Office use only			
<input type="checkbox"/> Approval <input type="checkbox"/> Denial			
Reviewer signature:			Date:
Supervisor signature:			Date:
Method of Payment:			
CDPHE fee: <input type="checkbox"/> Check (# _____) Staff initials:			

General instructions  
R-70 Registration  
Limited Scope Operator application  
State ARRT examination

The Colorado Rules and Regulations Pertaining to Radiation Control, 6 CCR 1007-1 Part 2, requires that any person operating an x-ray machine on human patients be adequately trained. For uses other than dental, podiatry or chiropractic, operators must meet the requirements of Section 2.6.1.4 and Appendix 2D. If an operator is not registered with the American Registry of Radiologic Technologists (ARRT) as a Radiologic Technologist, they must register with the Colorado Department of Public Health and Environment (CDPHE) as a Limited Scope Operator before exposing a patient. Please review the requirements of Part 2, Appendix 2D to ensure your training is sufficient before you submit your application and fee. The application processing fee is non-refundable.

Applications must be legible and accurate. The mailing address listed on this application will be used by both CDPHE and the ARRT to send information to you. The email address or phone number may be used to contact you if the post office returns correspondence.

**New application:**

If you have completed supervised training and are applying to take the ARRT Limited Scope Operator (LSO) test, you must submit both form R-70 "Application for registration - Limited Scope Operator" and form R-71 "Didactic training and clinical experience for Limited Scope Operator" to demonstrate that you have met the training requirements in the regulations before you can be approved to take the ARRT LSO test.

At least 320 of the 480 required clinical hours must be spent working in a clinic under personal supervision by a qualified operator working with living patients. No more than 160 hours of practical experience may be gained in a teaching laboratory on phantoms.

The application to take the ARRT LSO examination must be made within one year upon completion of the didactic requirements and within ninety (90) calendar days upon completion of the clinical experience requirements. Initially, the applicant must apply for five examination modules: Core, chest, extremity, spine and skull.

The application must be accompanied with one check of \$60.00 for processing the application payable to the Colorado Department of Public Health and Environment (CDPHE) in the form of personal check, cashier's check, or money order. Applications will be processed only after the fee is paid. Fee is non-refundable. Please mail check to: CDPHE, Attn: X-Ray LSO Application, HMWMD- XRC -B1, 4300 Cherry Creek Drive South, Denver, CO 80246-1530

The ARRT will send a test packet to applicants CDPHE has approved. The test packet will be sent after payment is made and accepted by to ARRT per the payment options letter instructions. Applicants have a 90-day window to take the ARRT test once exam is scheduled. Failing the test or failing to arrive at the scheduled date will result in a "0" score. Test scores are sent to CDPHE directly. An applicant must score at least 75% correct on the core module and a score of at least 75% correct on the average of the chest, extremity, spine and skull modules to "pass".

Please include a copy of a government issued ID with this application. The testing center will verify that the name on your ID matches the name on this application, otherwise you will not be allowed to test. If you have not received a confirmation notice from the ARRT regarding this registration within 4 weeks after submitting this form, please contact CDPHE at 303-692-3448.

#### Retesting:

If an applicant does not pass, they may retake any one or all modules to replace a module score. Each attempt requires payment of the fee listed above. An additional fee will also be required by ARRT to take the exam. If an applicant cannot pass after three attempts, they must repeat the training requirements of Appendix 2D and submit a new application when that training is completed. When the test scores have been evaluated by CDPHE, a letter will be sent to the applicant. If the test scores are passing, the registration is approved and the applicant is sent a certificate and letter granting a two-year registration period. If the test scores are not passing, the applicant is sent a letter.

#### Renewal:

Form R-90 "Application for registration Limited Scope Operator renewal" must be used to renew your registration. The applicant should renew their LSO registration at least 30 days prior to expiration to avoid a gap in registration. The applicant must document at least 24 hours of ARRT approved continuing education units (CEU's) in topics related to radiologic technology. The documentation must be within the last two years of your previous expiration date. It is illegal to operate a radiation machine on human patients if your registration is expired.

#### Transfer from a different state:

If you are using a certification from a different state, you must provide documentation that your current state requirements are at least equivalent to Colorado requirements. A \$60 fee is required to process this application.

If you have questions concerning this application, please call 303-692-3448 or (888) 569-1831 ext. 3448 toll-free (outside the 303 area code), or fax to 303-691-7841 Attention: X-Ray Program, or email to [cdphe.hmxraycomments@state.co.us](mailto:cdphe.hmxraycomments@state.co.us). You may also check our website: [www.colorado.gov/cdphe/xray](http://www.colorado.gov/cdphe/xray) for more information.