



American Registry of Magnetic Resonance Imaging Technologists
8815 Commonwealth Blvd. Bellerose, New York 11426 Ph: 718-347-8690 Fax: 718-347-8691

Request for Primary Source Verification

Requester's name: _____

Title: _____

Name of Requester's Company or Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

MRI Technologist's Full Name:

| | | |
|-------|------|------|
| First | M.I. | Last |
|-------|------|------|

Technologist's Certificate Number: _____ (Four Digits Only.)

Fee: \$15

Payment Options: Check ___ Money Order ___ made payable to: **ARMRIT**

Pay by Credit Card: (check one) Master Card ___ Visa ___ AMEX ___ Discover ___ ATM Card ___

Card Number: _____ Expiration Date: _____

Print Name on Card: _____ Signature: _____ Date: _____

Mail to (Do Not Send Certified!): 8815 Commonwealth Blvd.
Bellerose, NY 11426