



WEST VIRGINIA MEDICAL IMAGING & RADIATION THERAPY TECHNOLOGY BOARD OF EXAMINERS
1124 Smith Street, Suite B-300, Charleston, WV 25301
Telephone: 304-558-4012 / Toll Free: 877-609-9869 / Fax: 304-957-0177
Email: rtboard@wv.gov Web Page: www.wvrtboard.org

INFORMATION REQUEST FORM

Send this signed/dated Information Request Form to the following:

West Virginia Medical Imaging & Radiation Therapy Technology Board of Examiners
1124 Smith Street, Suite B-300
Charleston, WV 25301
PHONE: 304-558-4012 / FAX: 304-957-0177
EMAIL: rtboard@wv.gov

Requester's Name: _____
Requester's Address: _____
Requester's City/State/Zip: _____
Requester's Telephone Number (including area code): _____
Requester's EMAIL Address: _____

_____ **Roster of Active Licenses.** Information is provided in EXCEL format saved to a disc. The disc is mailed certified with a return receipt to the individual requesting information. The distribution of information includes the name, address and email address of active licensees who have not opted out of distribution.

Please detail additional information requested by providing a description in the box below:

Signed: _____ Date: _____