



WV Medical Imaging & Radiation Therapy Technology Board
1124 Smith Street, Suite B300 Charleston, WV 25301
www.wvrtboard.org 304-558-4012 rtboard@wv.gov

Military Family Waiver Application for Renewal Continuing Education Requirements

Name _____ Former _____

Birthdate _____ SSN _____

Mailing Address _____

E-mail Address _____ Phone _____

Criteria for Qualification

___ **Active Duty Service Member of the Armed Forces or National Guard**

Applicant must provide active service orders.

OR

___ **Military Family of Active Duty Service Members**

Applicant must provide active service orders and a marriage license or birth certificate documenting the relationship to the service member.

I understand that I am required to personally complete this application, and I am solely responsible for the accuracy and completeness of the information provided. I have carefully read and understood all the questions on this waiver application and have answered all the questions completely, without reservations of any kind. I declare that my answers made by me herein are true and correct. I understand that any license issued based on this application is based on the truth of the answers contained herein. Should I furnish false or misleading information in this application, I hereby agree and understand that any such act shall constitute good cause for disciplinary action and/or the subsequent revocation of my license. I understand that the information contained herein is subject to investigation by the WV Medical Imaging & Radiation Therapy Technology Board of Examiners.

Applicant Signature

Date