

Affidavit of Practice Have Practiced

I, _____ certify under penalty of perjury that since my license # _____ - _____ expired on ____/____/____ **I have been practicing** in the radiographic field in the state of Arizona. My most recent employer:

Date From: / / **Date To:** / /

FACILITY

ADDRESS

CITY, STATE ZIP

() -

PHONE NUMBER

SUPERVISOR

() -

SUPERVISOR'S PHONE NUMBER

I, _____ (type or print name), do solemnly swear or affirm that the foregoing information completed by me, or submitted by or for me, is true, complete and correct to the best of my knowledge. Furthermore, should any part of the information herein provided prove to be false, it shall be just cause for the revocation of any Certificate issued by the Arizona Medical Radiologic Technology Board of Examiners.

SIGNATURE OF APPLICANT

DATE