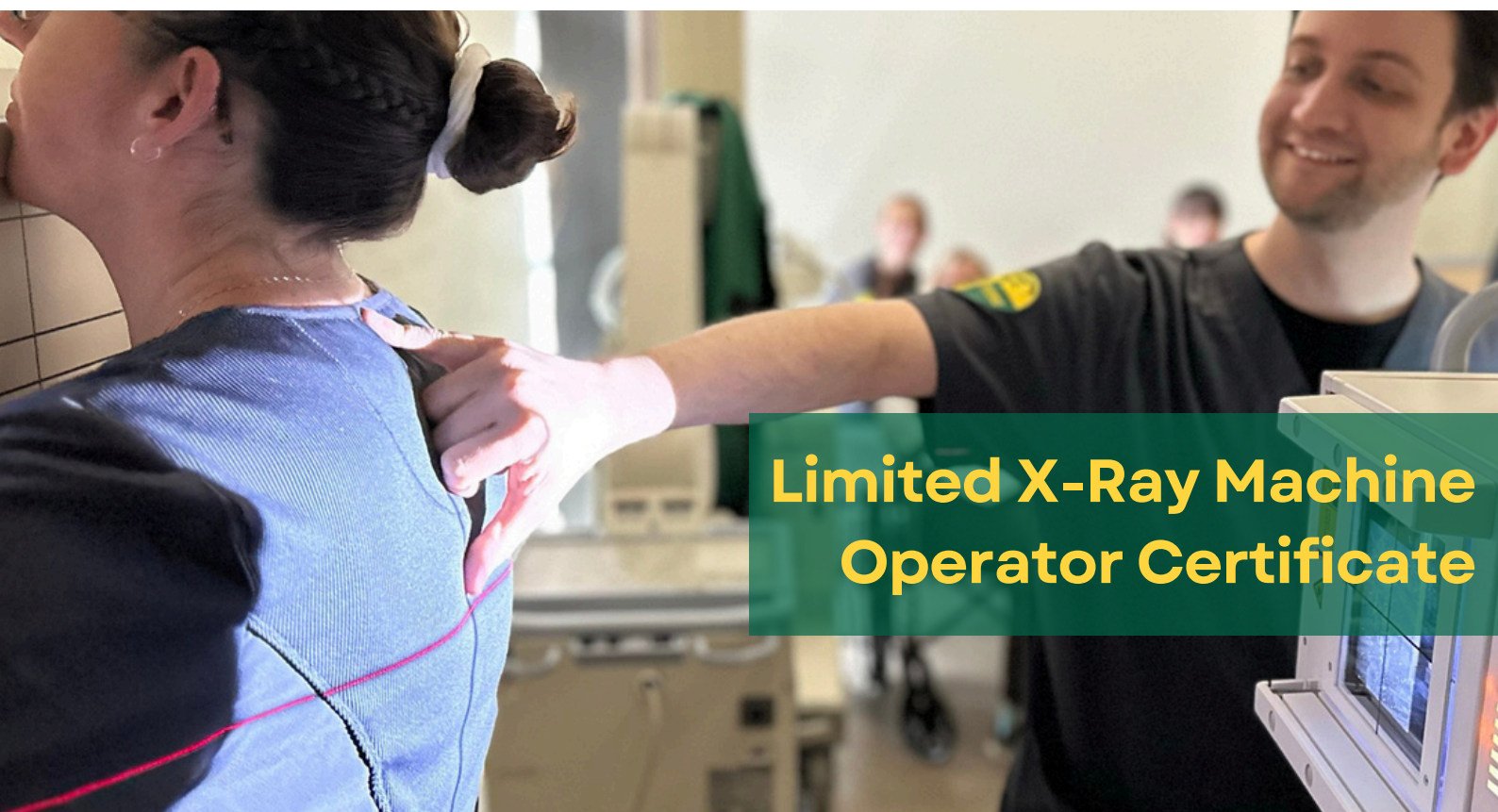


**School of Health &
Wellness**

Application Forms & Information

Summer 2026

Application Dates: 02/08/2026-03/14/2026



**Limited X-Ray Machine
Operator Certificate**

Radiology Department

3800 N Glassford Hill Road

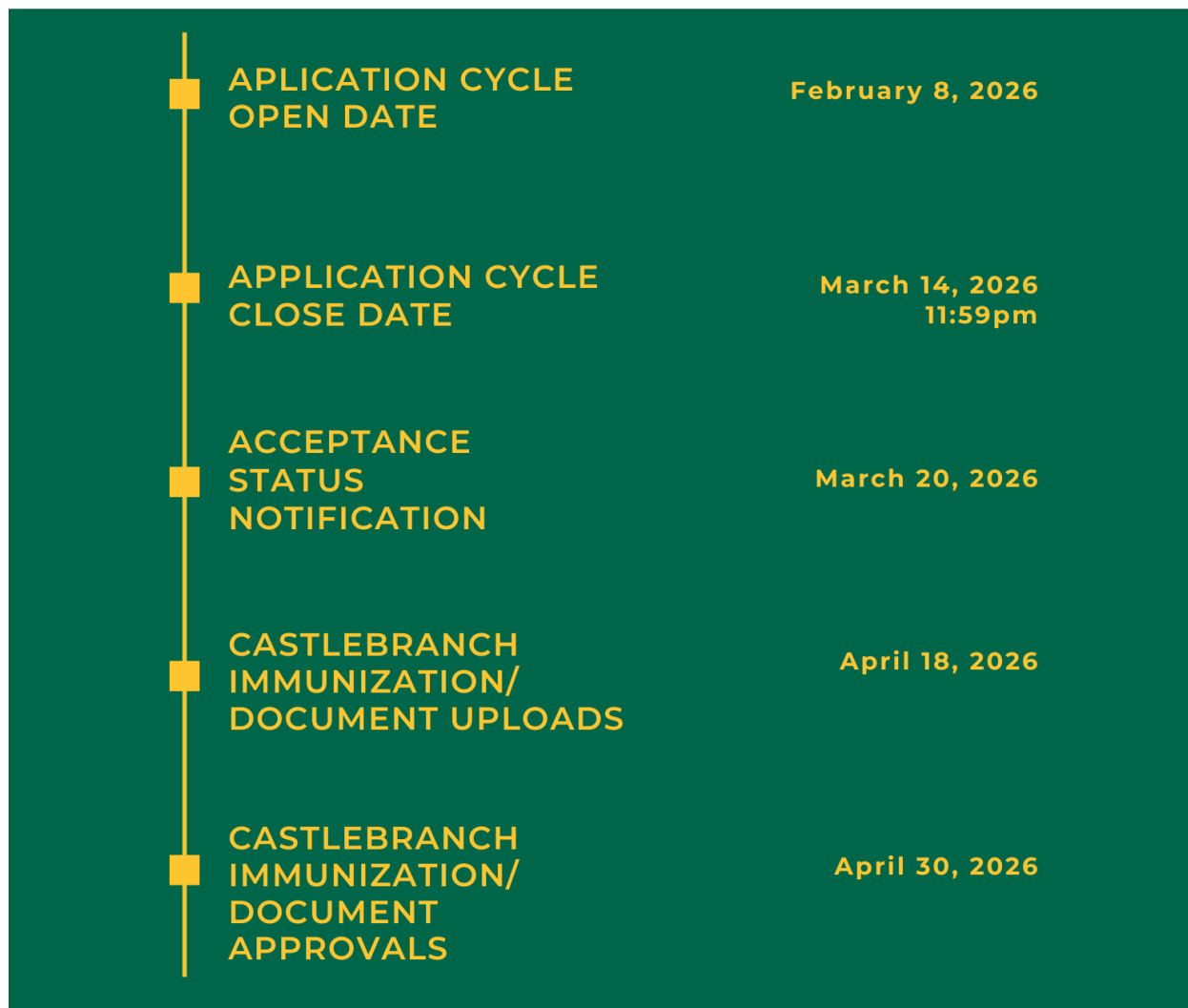
Prescott Valley, AZ 86314

928.776.2333

www.yc.edu/radiology



APPLICATION DEADLINES



ACADEMIC ADVISING
Prescott Campus

928-776-2106
advising@yc.edu

Selection Criteria & Scoring

YAVAPAI COLLEGE

Admission to the Limited X-Ray Machine Operator Certificate Program is based on a 900-point system, utilizing the criteria listed below. Students will be required to provide proof of residency, minimum 1 year at the time of application. <https://www.yc.edu/v6/registrar/residency.html> In addition, the advisor checklist must be provided and complete. Proof of coursework and registration history at Yavapai College will be established by the records on file in the Registrar's Office.

A minimum 2.0 overall GPA is required to be considered for placement into any program within the Radiology Department.

	Ranking Criteria	Criteria Points Values	Possible Points
1	HESI A2 ENTRANCE EXAM (valid for 1 year, may be taken twice to achieve a higher score)	95-100% = 500 points 90-94.99% = 425 points 84-89.99% = 350 points 75-83.99% = 175 points Example: cumulative score of 85% = 350 pts	500
2	Agency Affiliation (are you employed with a healthcare agency?)	Yes = 50 points (<i>be sure to type in employer name</i>) No = 25 points	50
3	Biology Course Requirement- BIO160 or equivalent (completed or in-progress)	4 biology credits = 50 points In-progress = 25 points	50
4	Residency	Yavapai County = 150 points State of Arizona = 50 points Outside state or county = 25 points	150
5	Current Yavapai College Student	Completed credits at Yavapai College: 12 or more = 150 points 9-11 = 100 points 6-8 = 75 points 3-5 = 50 points	150

Applicants will be notified via email after final determination has been made and will be required to email back to confirm their placement in the program.

Applications that meet the minimum scores for admittance to the program will be evaluated.

The 10 highest ranked applicants will be offered placement, based on clinical education site availability. The next 5 applicants will be offered alternate status.

When several applicants have the same ranking score, the following criteria will determine tie breakers:

1. Highest cumulative HESI A2 score
2. Highest overall critical thinking score-highest score
3. Fewest number of attempts on the entrance exam

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Application Checklist:

Limited X-Ray Machine Operator (LXMO) Certificate Program

The application opens February 8, 2026 and must be completed by 11:59 pm on March 14, 2026.

APPLICATIONS SUBMITTED OUTSIDE OF THE POSTED DATES WILL NOT BE CONSIDERED.

- ☐ Official transcripts must be sent directly to the Yavapai College Registrar from any previous institution(s) for official evaluation. Mail transcripts to: Yavapai College, Office of the Registrar, 1100 E. Sheldon Street, Prescott, AZ 86301
- ☐ Unofficial transcripts (can be photocopies) from all colleges or universities attended (**to be included with this application**)
- ☐ Preliminary Clinical Schedule (see instructions on the sheet to be uploaded)
- ☐ HESI A2 Entrance Exam Results
 - Min. 75%
 - 2 attempts per year during fall semester
 - Exam dates open when the Fall 2025 semester begins and will close in December
- ☐ Pre-Entry Check Sheet Form for the Radiologic Technology Program
 - Provided and signed by an academic advisor
- ☐ Copy valid driver's license
- ☐ Immunization Coversheet
 - No supporting documentation needed at time of application
- ☐ Signed Healthcare Provider Signature Form
 - If a physician will not sign your form, acceptance into the program will be denied
- ☐ Proof of Pre-Admission Workshop (Information Session) attendance
 - In-person: Attendance Certificate (provided at meeting)
 - Online: Confirmation of Presentation Attendance (receipt of JotForm responses)

****DO NOT PURCHASE CASTLEBRANCH UNTIL CONDITIONALLY ACCEPTED****

Upon conditional acceptance, you will be instructed to purchase CastleBranch. Be prepared to upload:

1. Copy of current negative 2-Step TB skin test.
 - a. Blood tests are not acceptable
 - b. A chest x-ray can only be used IF you have proof of a positive skin test
2. Copies of all immunizations or titers in support of your immunization documentation for CastleBranch.
3. Copy of Health Insurance Card.
 - a. Required for the duration of the program
4. Passport style photograph. (2x2 photo, white background, no glare- can be taken at CVS or Walgreens)
5. Level 1 Fingerprint Clearance Card (see the instructions on how to apply at the end of this document)

CPR IS NOT A PRE-PROGRAM REQUIREMENT A CLASS WILL BE HELD IN THE SUMMER FOR ALL STUDENTS. \$7.00 FEE APPLIES. MORE INFORMATION WILL BE PROVIDED AFTER CONDITIONAL ACCEPTANCE.

Medical and/or religious exemptions for COVID-19 & Flu are not needed for application. These will be handled by the clinical coordinator on case-by-case once the student is fully accepted to the program.

YAVAPAI COLLEGE

Immunization Coversheet

Please complete this form and have supporting documentation ready if/when you receive **conditional acceptance**.

Name: _____ **Y#:** _____

Immunizations: MMR / Hepatitis B / Varicella / Tdap / 2-Step TB Skin Test

MMR

Date of **1st MMR** Immunization _____ or

Date of Titer _____

Date of **2nd MMR** Immunization _____

Hepatitis B

Date of **1st Hep B** Immunization _____

Date of **2nd Hep B** Immunization _____ or

Date of Titer _____

(2nd Hep B not required for program entry)

Date of **3rd Hep B** Immunization _____

(3rd Hep B not required for program entry)

Varicella

Date of **1st Varicella** Immunization _____ or

Date of Titer _____

Date of **2nd Varicella** Immunization _____

Tdap

Date of **Tdap** Immunization _____

2-Step TB Skin Test: Can be submitted after conditional acceptance but is required before the documentation upload deadline. Please put N/A below if you do not have it completed yet.

Date of 1st read _____ Result _____

Date of 2nd read _____ Result _____

YAVAPAI COLLEGE

Required Immunizations

1. **MMR** (measles/rubeola, mumps, rubella)

Options to meet this requirement:

- a. Attach a copy of proof of two previous MMR vaccinations to the Immunization and Documentation Cover Sheet; **or**
- b. If you have had all three illnesses **or** you have received the vaccinations but have no documented proof, you must have a titer drawn for each illness.
 - i. If the titer is POSITIVE, attach a copy of the results to the Immunization and Documentation Cover Sheet; **or**
 - ii. If the titer is NEGATIVE, you must get two MMR vaccinations (each 30 days apart) and attach documentation to the Immunization and Documentation Cover Sheet.

2. **Varicella** (chicken pox)

Options to meet this requirement:

- a. Attach a copy of proof of a POSITIVE IgG titer for Varicella;
or
- b. If the titer is NEGATIVE, attach a copy of proof that you received two Varicella vaccinations (each 30 days apart) to the Immunization and Documentation Cover Sheet.

3. **Tetanus/Diphtheria and Pertussis (TDaP)**

Provide documentation of a TDaP vaccination within the last 10 years. Students with a TDaP older than 10 years or without proof of a current TDaP will need to get a TDaP booster. The renewal date will be set for 10 years from the administered date of the booster. *Optional:* For this requirement, a vaccination record more recent than 9 years is recommended.

4. **Tuberculosis**

Options to meet this requirement:

- a. Attach a copy of proof of a recent NEGATIVE 2-STEP TB skin test (PPD). Note: TB 2-step skin test is two separate tests given with two separate readings within 3 weeks of each other and **must be current**. Records for PPD require the name and signature of the healthcare provider as well as the findings.
or
- b. If you have a POSITIVE TB skin test you must submit a **current** chest x-ray diagnostic report stating that you are negative for TB with the proof of positive 2-Step TB Skin Test.

No other form of TB testing will be accepted for admission into the program.

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5. Hepatitis B

In order to apply to the program, you must complete at least one injection and stay on track with the subsequent two injections according to the timeline set forth in “c” below.

Options to meet this requirement:

- a. Attach a copy of proof of completion of three Hepatitis B injections to the Immunization and Documentation Cover Sheet.

or

- b. Attach a copy of proof of a POSITIVE HbsAB titer to the Immunization and Documentation Cover Sheet.

or

- c. If you have not received the injections in the past, you must obtain the first injection and attach a copy of proof of the injection to the Immunization and Documentation Cover Sheet. Then, you must receive the second injection in one month and the third injection five months after the second injection. Submit documentation to the Radiology Department Instructional Support Specialist.

6. COVID-19

Declinations/exemptions may be available, please ask for more information.

7. Influenza

Each season there are new strains of flu, which requires the production of a new vaccine to cover them. The flu “season” generally runs from September through March. Declinations/exemptions may be available, please ask for more information.

Ethics Requirements

Admission to or graduation from the Yavapai College Radiologic Technology Program does not guarantee eligibility for the American Registry of Radiologic Technologists (ARRT) Post-Primary Certification Examination. Other eligibility requirements of the ARRT must be met. Individuals with misdemeanor or felony convictions should apply to ARRT for an evaluation of examination eligibility prior to admission to the certificate program. You may request a preapplication review form by contacting the ARRT at: [Ethics Violation Pre-Application Form](https://www.arrt.org/pages/resources/ethics-information) <https://www.arrt.org/pages/resources/ethics-information>

651-687-0048, ext. 8580
1255 Northland Drive, St. Paul, MN 55120-1155

Students are encouraged to disclose any issues related to the ARRT Rules of Ethics, the ARRT Rules and Regulations, and the ARRT Standards of Ethics prior to application. ***Failure to disclose any ethics issues prior to admission could result in ineligibility to challenge the ARRT Registry exam.***

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Basic Life Support (BLS) for Healthcare Providers

All students must have valid, current BLS for Healthcare Providers certification through the **American Heart Association (AHA)**— “BLS Provider”

This can be obtained before/during the program for \$7.00.

Current Health Insurance Coverage

All students must have current health insurance for the duration of the program. ***Failure to maintain can result in withdrawal from the program.***

DON'T FORGET TO TAKE YOUR HESI EXAM:

1. 2 attempts per year during the fall semester
 - a. Contact the test center to schedule: <https://www.yc.edu/v6/testing-center/>
2. You'll need to create an evolve student account: <http://evolve.elsevier.com>
3. Make sure you pay for the exam (each attempt costs the same):
<https://hesistudentaccess.elsevier.com/payments.html?PaymentID=28951>
 - a. If you have used this payment link before you MUST contact radiology@yc.edu to get a new link. This includes 2nd attempts.

you will need a photo ID, your evolve account login and proof of payment to take your exam on your scheduled date.

APPLICATION FORMS



YAVAPAI COLLEGE

Healthcare Provider Signature Form: (bring form to your physician)

A licensed healthcare provider must sign the Healthcare Provider Signature Form and indicate whether the applicant will be able to function as a Radiologic Technology student. Healthcare providers who qualify to sign this declaration include a licensed physician (MD, DO), nurse practitioner, or a physician's assistant.

(Please Print) **Applicant Name:** _____ **Y#:** _____

It is essential that Radiologic Technology students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift and/or reposition patients, stand for several hours at a time, and perform bending and twisting activities. Students will be required to transport patients on gurneys and in wheelchairs, move heavy equipment throughout the clinical site, and must be physically capable of performing CPR in an emergency situation. A standard guideline assigned to weight-lifting capability is 50 pounds; however, students will encounter situations requiring them to lift and manipulate greater than 50 pounds. It is advisable that students consult with their physician(s) prior to the start of this program and determine their ability to perform the necessary job requirements. Students who have a chronic illness or condition must be capable of implementing safe, direct patient care while maintaining their own current treatments or medications.

The clinical experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties that impact patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program.

Licensed Healthcare Provider to complete the following section:

I believe the applicant _____ **WILL** or _____ **WILL NOT** be able to function as a Radiologic Technology student as described above and as designated in the statement of Technical Standards.

If "WILL NOT," please explain:

Licensed Healthcare Provider (Circle one: MD / DO / NP / PA)

Print Name: _____ Medical License No.: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

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Statement of the Technical Standards of the Yavapai College Radiologic Technology Program

This statement of the Technical Standards of the Radiologic Technology program at Yavapai College identifies the functional abilities deemed by the radiography faculty to be essential to the practice of radiography. The Technical Standards are reflected in the Radiologic Technology Program's performance-based outcomes, which are the basis for teaching and evaluating all Radiologic Technology students. The practice of radiography requires the following functional abilities with or without reasonable accommodations.

- **Visual acuity** sufficient to assess patients and their environments and to implement the radiography-services plans that are developed from such assessments. Examples of relevant activities:
 - Detect changes in skin color or condition.
 - Collect data from recording equipment and measurement devices used in patient services.
 - Detect a fire in a patient area and initiate emergency action.
 - Draw up the correct quantity of medication into a syringe.
- **Hearing ability** sufficient to assess patients and their environments and to implement the radiography-services plans that are developed from such assessments. Examples of relevant activities:
 - Detect audible alarms within the frequency and volume ranges of the sounds generated by mechanical systems that monitor bodily functions.
 - Communicate clearly in telephone conversations.
 - Communicate effectively with patients and with other members of the health-services team.
- **Olfactory ability** sufficient to assess patients and to implement the radiography-services plans that are developed from such assessments. Examples of relevant activities:
 - Detect foul odors of bodily fluids or spoiled foods.
 - Detect smoke from burning materials.
- **Tactile ability** sufficient to assess patients and to implement the radiography-services plans that are developed from such assessments. Examples of relevant activities:
 - Detect changes in skin temperature.
 - Detect unsafe temperature levels in heat-producing devices used in patient services.
 - Detect anatomical abnormalities, such as infiltrated intravenous fluid.
- **Strength and mobility** sufficient to perform patient services activities and emergency procedures. Examples of relevant activities:
 - Safely transfer patients in and out of bed or wheelchair.
 - Turn and position patients as needed to prevent complications due to bed rest.
 - Hang intravenous bags at the appropriate level.
 - Accurately read the volumes in body-fluid-collection devices hung below bed level.
 - Perform cardiopulmonary resuscitation.
 - Transport patients using stretchers or wheelchairs.
- **Fine motor skills** sufficient to perform psychomotor skills integral to patient services. Examples of relevant activities:
 - Safely dispose of needles in sharps containers.
 - Manipulate small equipment and containers, such as syringes, vials, and ampules, in preparation for contrast-media administration.
- **Physical endurance** sufficient to complete assigned periods of clinical practice.
- **Ability to speak, comprehend, read, and write English** at a level that meets the need for accurate, clear, and effective communication.
- **Emotional stability** to function effectively under stress, to adapt to changing situations, and to follow through on assigned patient-services responsibilities.
- **Cognitive ability** to collect, analyze, and integrate information and knowledge to make clinical judgments and manage decisions that promote positive patient outcomes.

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PRELIMINARY CLINICAL SCHEDULE

The preliminary clinical schedule is to be uploaded with your application to the Limited X-Ray Machine Operator Certificate program as a scheduling tool for the clinical coordinator. Days and times are not guaranteed due to clinical facility restrictions. Provide the days and times you are available around your current work schedule to aid in clinical placement. *If you are currently working for a facility that offers imaging services and want placement with your employer, please list them.* **Green fields are required of all students.**

Student Name: _____

Facility Name: _____

Schedule Details (18 weeks)

If a holiday falls on one of your scheduled clinical days, you will be shifted to a different day within the same week to ensure you meet all your hours.

- Dates: August 3, 2026-December 16, 2026

[8/3/26-8/15/26 expect to be scheduled 40hrs per week then drop to 16hrs per week]

- Dates: January 4, 2027-May 14, 2027

[1/4/27-1/16/26 expect to be scheduled 40hrs per week then drop to 16hrs per week]

Lab is held Wednesday & Thursday in the Fall and Spring Semester for 3 hours each day in the mornings. You may need to attend clinicals after lab to ensure you meet your hours.

Please fill in the days/times below that could work well around your current work schedule to meet the 16 hour a week clinical schedule:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ I am completely available to be scheduled M-Sat as needed

Provide shifts no shorter than 8.5 hours to account for lunch

- Shift Start Time: _____

- Shift End Time: _____

- Break Periods: 30 min lunch required for 6.5 hr shift or more
- Total Weekly Hours: 16 hours minimum

Expectations:

- The student agrees to adhere to the assigned clinical schedule.
- The student understands that they may have to travel more than 1.5 hours to clinical settings.
- The student must follow all program policies regarding attendance and clinical requirements.
- This schedule is preliminary and subject to change as needed.

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Conditional Acceptance:

If you are selected for **conditional acceptance** based on the previously stated selection criteria, you will receive an email notification with detailed instructions on how to purchase your **background check, drug test, and immunization tracker** through **CastleBranch**.

The estimated cost for the CastleBranch package is **approximately \$151.49** and is subject to change.

In addition, you will be required to obtain a **Level 1 Fingerprint Clearance Card**. Separate instructions for this process are provided at the end of this packet and will be emailed as well. The estimated cost for a Level 1 Fingerprint Clearance Card is **approximately \$75.00**, though fees may vary depending on where and how fingerprints are obtained.

Unconditional acceptance will be granted once all admission requirements have been completed by the posted deadlines. Failure to meet any required deadline or admission requirement will result in forfeiture of your position in the program, and the first alternate applicant will be moved into conditional acceptance status.

Background Check

All students are required to obtain a background check which requires; a valid social security number. Information regarding how to obtain the background check will be provided to the student ***upon conditional acceptance to the program***. The cost of this background check is at the student's expense. Due to clinical agency contracts, any negative results will be reviewed by the Radiologic Technology Program Director on a case-by-case basis to determine admission or continuation in the program. All background checks are national, within the past 7 years and include a Sex Offender Registry search.

Drug Testing

Random drug testing is a standard procedure throughout the Radiologic Technology Program. The first drug test will be at the student's expense. Any subsequent drug testing will be done at the program's expense. When students are informed that they are subjects of random drug testing, they will be provided an appropriate form and a list of local laboratories that they can utilize. The drug testing must be completed by the end of that business day.

In 2010, Arizona voters approved the Arizona Medical Marijuana Act (Proposition 203), a state law permitting individuals to possess and use limited quantities of marijuana for medical purposes. Because of its obligations under federal law, however, Yavapai College will continue to prohibit marijuana possession and use on campus for any purpose. Under the Drug Free Workplace Act of 1988, and the Drug Free Schools and Communities Act of 1989, "...no institution of higher education shall be eligible to receive funds or any other form of financial assistance under any federal program, including participation in any federally funded or guaranteed student loan program, unless it has adopted and has implemented a program to prevent the use of illicit drugs and abuse of alcohol by students and employees." Another federal law, the Controlled Substances Act, prohibits the possession, use, production, and distribution of marijuana for any

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and all uses, including medicinal use. This law is not affected by the passage of the Arizona Medical Marijuana Act.

Yavapai College could lose its eligibility for federal funds if it fails to prohibit marijuana, which makes it exempt from the requirements of the Arizona Medical Marijuana Act. Please refer to the following documents: <https://www.yc.edu/Student Code of Conduct>

PROCEDURE ON SCREENING FOR USE OF ALCOHOL AND DRUGS

Intoxicated/impaired behaviors that are disruptive to the learning process violate the Yavapai College Student Code of Conduct. Any individual in a clinical assignment who is under the influence of alcohol or drugs that impair judgment poses a threat to the safety of clients. For these reasons, evidence of use of these substances documented by positive drug and/or alcohol screening tests, will result in immediate withdrawal of the student from the course or program. In the event of an appeal, Yavapai College will make every effort to expedite the appeal process and assure the student of fundamental fairness.

Procedures

1. Pre-clinical drug screening
 - a. All Radiology Programs students are required to submit to a urine drug screening prior to the beginning of program.
 - b. Students will be advised of the procedure to follow to complete the urine drug screening prior to the beginning of clinical experiences.
 - c. The cost for preclinical drug screening is not included in the program fees.
 - d. Students cannot begin clinical experiences until the test results are available.
 - e. Students receiving negative drug screens or positive screens due to permissible prescriptive drugs will be permitted to begin/continue clinical experiences. In the latter case, medical review and documentation may be required.
 - f. Students testing positive for illegal substances or for non-prescribed legal substances will be dismissed from the course/program. See Positive Screening Test, below.
 - g. Random drug screening may be required and will be conducted at college expense. Students will be randomly selected by their student "Y" numbers. Students must submit to the drug screening by the specified deadline or may be withdrawn from the course/program.
2. Suspicion of substance abuse
 - a. The student will be asked to submit to an alcohol or drug screening test at college expense if Radiology programs faculty, staff, or clinical preceptors:

YAVAPAI COLLEGE

- i. Have reasonable cause to expect that the student is mentally or physically impaired due to alcohol or substance abuse immediately prior to or during the performance of his/her clinical duties, or
 - ii. Perceives the odor of alcohol or observes physical signs and/or behavior including, but not limited to, slurred speech, unsteady gait, confusion, or inability to concentrate.
 - b. Student will sign a consent form and have a blood or urine specimen collected according to current procedure.
 - c. The student will be removed from assignments, pending results of the test(s).
 - d. Test results will be sent to the Director of Radiology or designee.
3. Positive screening test
- a. If the result of the drug screening test is positive and the student provides documentation of a prescription for the substance, the Director of Radiology and/or designee will consider the case in collaboration with the student and his/her health care provider. Each student will be asked to disclose prescription and over-the-counter medications he/she is taking at the time of testing.
 - b. If the results indicate a positive drug screen for alcohol, illegal substances, or medications not prescribed for that individual, the Director of Radiology and/or designee will withdraw the student from the course/program for a period of not less than one year.
 - c. After a one-year absence from the course/program, the student may apply for readmission according to the guidelines below:
 - i. Must meet the current Yavapai College and Radiology Program requirements related to registration and admission to the course/program. Readmission for returning students is contingent on space available in the course/program.
 - ii. Must provide documentation of evaluation by an addiction's counselor and his/her determination as to whether the student is addicted to alcohol or drugs. If positive, the student must provide evidence of rehabilitation related to the alcohol/drug illness to include all the following:
 - (1) Documentation of satisfactory completion of recognized substance abuse treatment program.

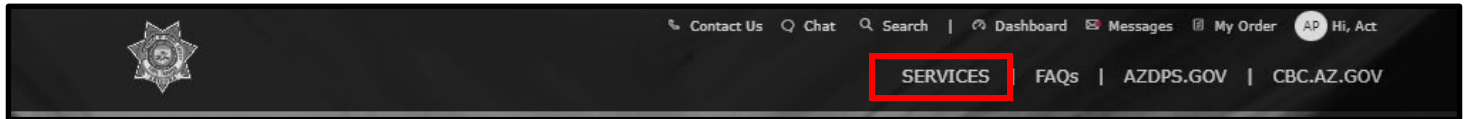
YAVAPAI COLLEGE

- (2) Evidence of after-care attendance upon completion of the treatment program.
 - (3) Weekly attendance at a 12-step or other mutually agreed upon support group. Attendance will be documented by the student and submitted to the Director of Radiology or designee by the last day of each month.
4. Negative screening test results for student tested under Section 2 above.
 - a. If the results of tests indicate a negative drug screen for alcohol or drugs, the student shall meet with the Director of Radiology or designee within two working days of the test results to discuss the circumstances surrounding the impaired clinical behavior.
 - b. If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of the substance that may have caused the alcohol-like odor, before being allowed to return to the clinical setting.
 - c. If the indicator was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation, with a report provided to the Director of Radiology or designee, may be required.
 - d. Based on the information presented in the meeting, and a medical report if required, the Director of Radiology or designee will decide regarding return to the clinical setting.
 - e. If readmitted, the student must make up clinical absences incurred for testing.
5. Confidentiality: All test results will be sent to the Director of Radiology or designee. The Director of Radiology or designee may consult with college officials and outside resources for appropriate action/follow-up.
6. Inability to submit to a screening test in a timely manner, sections 1, 2, and 3 above, or refusal to submit to a screening test, Sections 1, 2, and 3 above.

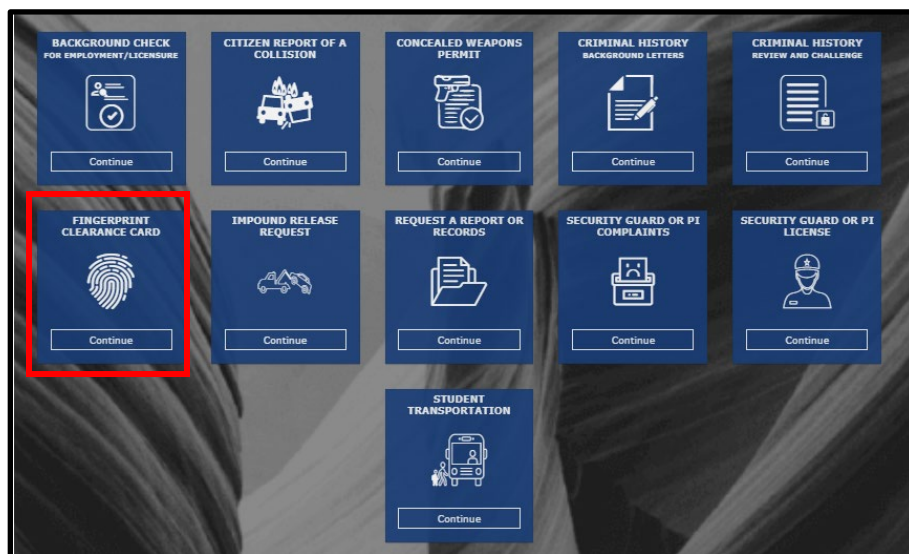
If a student in the course/program is unable to submit to a drug or alcohol screening test in a timely manner, unless due to a documented emergency, or refuses to submit to screening, the student will be removed from the course/program for a period of not less than one year.
7. Appeals are processed through the Yavapai College Office of Judicial Affairs.
<https://www.yc.edu/v6/college-police/faq.html>

How do I apply for a new fingerprint clearance card?

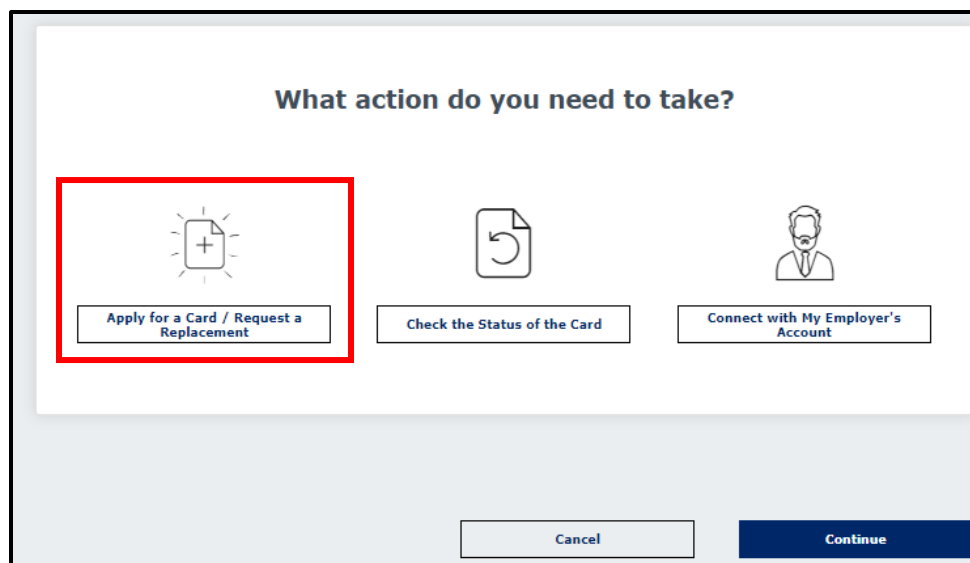
1. Log in to your individual PSP account and select [SERVICES](#) from the top right



2. Select the [Fingerprint Clearance Card](#) tile





3. Select [Apply for a Card/Request a Replacement](#)





4. Select **Apply for a New Clearance Card**

What do you need to do?


Apply For A New Clearance Card


Non-IVP Renewal


IVP Renewal


Replace An Existing Clearance Card


If you have never received an IVP Clearance Card, or if the Clearance Card you possess does not have an IVP number on it, you are not eligible for the IVP Renewal process. You must re-apply with a new application.


If your contact information has changed, please edit your [profile information](#) before completing this application.

5. Pick the card type you need to apply for (*If you don't know, contact your employer, DPS does not know what card type you need*)

Do you require an IVP Clearance Card?

- State Board of Education (Teacher or Other Certification) ARS § 15-534
 - Tutor or Teacher Preparation Programs ARS § 15-534
 - Charter School Instructor ARS § 15-183
 - School Bus Driver ARS § 28-3228
- Public and/or Charter School Non-Certified Personnel ARS § 15-512
- Public and/or Charter School Contractor, Subcontractor or Vendor and their Employees ARS § 15-512.


IVP


Non-IVP

If the listed statutes do not apply to you, you do not require an IVP card. If this information is unknown, please contact the agency requiring you to apply.

6. Read and acknowledge the **Privacy Act Statement**, then **Continue**

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, state statutes pursuant to pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosure to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determination; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 56.13, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjs/identity-history-summary-checks> and <https://www.eds.cjs.gov/>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.eds.cjs.gov/>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/ corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.3D through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

To obtain a copy of your Arizona criminal history record to review, update or correct, you can contact Arizona Department of Corrections Criminal History Records Unit at (602) 233-2232 or go to <https://www.adcs.gov> and choose "Criminal History Review and Challenge" from the Services Menu to file your Review and Challenge on-line.


☒ By signing the background check for employment/license application, you are acknowledging you have read this "Privacy Act Statement".

Cancel

Save

Continue

7. Select your statute(s) (If you do not know, contact your employer. DPS cannot tell you which to select)
- *Pictured are just the first two categories of options, scroll when applying for the full list

Reason(s) for Applying 

Check all the box(es) to indicate your reason(s) for applying*

Department of Child Safety (DCS)

- ☐ DCS - Adoption ARS § 8-105
- ☐ DCS - Foster Home Licensure ARS § 8-509
- ☐ DCS - Field Employee ARS § 8-802
- ☐ DCS - Employee or IT Employee or IT Employees of Contractors of Subcontractors ARS § 8-463
- ☐ DCS - Child Welfare/Adoption Agency Employee ARS § 46-141

Department of Economic Security (DES)

- ☐ DES - Certified Child Care Provider and Non-Certified Relative Provider ARS § 41-1964 and ARS § 46-141
- ☐ DES - CCR and R Registered Home ARS § 41-1967.1
- ☐ DES - DAAS Division of Aging and Adult Services ARS § 46-141
- ☐ DES - DDD/HCBS - Home and Community Based Services ARS § 36-594.01
- ☐ DES - DDD - Developmental Home Licensure ARS § 36-594.02
- ☐ DES - Employee ARS § 41-1968
- ☐ DES - IT Position ARS § 41-1969
- ☐ DES - JOBS Program ARS § 46-141
- ☐ DES - WIOA - Workforce Innovation and Opportunity Act ARS § 46-141
- ☐ DES - Domestic Violence/Homeless Shelter ARS § 36-3008 and ARS § 46-141

8. If the Employee or Volunteer option is shown, select the correct button. Press **Continue**

Is the person an employee or volunteer? *

☐ Employee ☐ Volunteer

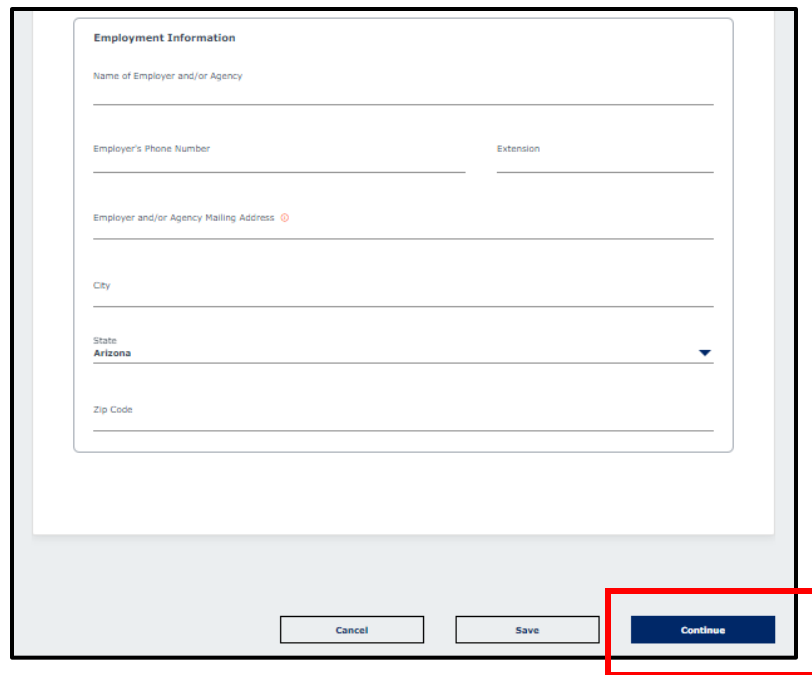
9. Fill out your personal information

Notes:

- Your name will already be filled out to match what you used when creating your profile. These fields cannot be changed here. If they are incorrect or have changed since creating your account, you will need to submit a name change request.
- DPS does not require you to input your SSN, however, some employers (Department of Education especially) will use your SSN to connect your clearance card to the platform they use to verify cards. If you do not input your SSN, your employer may have difficulty verifying your card.

The screenshot shows a web form titled "Applicant Information" with a heart icon in the top right corner. The form is divided into sections. The first section, "Applicant Information", has the instruction "Please enter the Legal Name:". It contains five input fields: "First Name *", "Middle Initial", "Last Name *", "Port of Entry", and "Social Security Number *". A red rectangular box highlights the "First Name *", "Middle Initial", "Last Name *", and "Social Security Number *" fields. Below this section is a checkbox labeled "I consent to provide my data to the system". The second section contains dropdown menus for "Race *", "Sex *", "Eye Color *", "Hair Color *", "Place of Birth *", "Country *", and "State *". The "Race *" dropdown is set to "Caucasian", "Sex *" to "Female", "Eye Color *" to "Brown", "Hair Color *" to "Black", "Country *" to "USA", and "State *" to "Arizona". The "Weight (lb) *" field is set to "5", the "Height (in) *" field is set to "04", and the "Weight (kg) *" field is set to "123". A note below the weight and height fields states: "Enter weight in feet and inches. For example, if the height is 5 feet, 4 inches, enter 5 in the (ft) field and 04 in the (in) field. Weight is pounds."

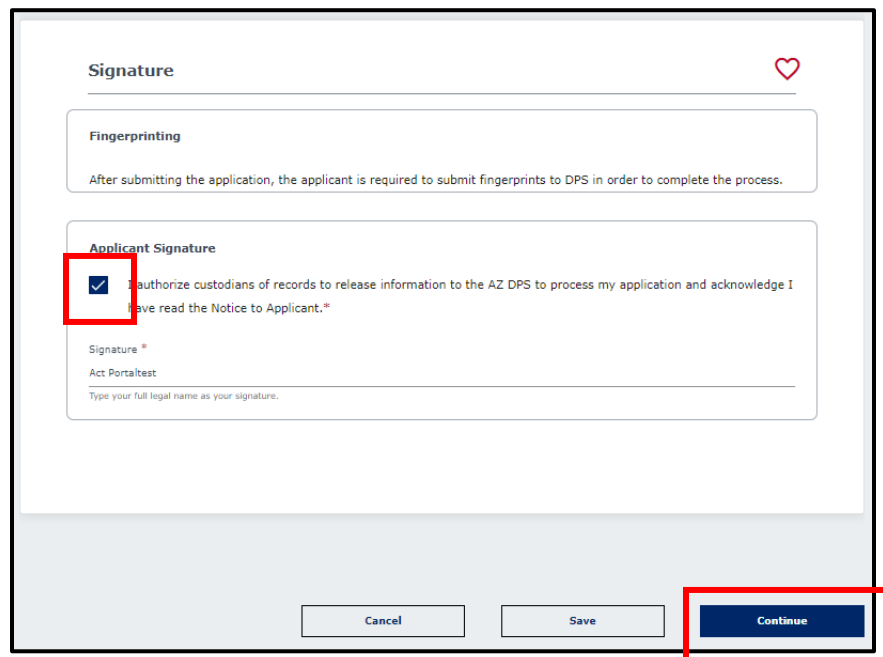
10. Employer information is optional. Enter it here if you choose to do so. Press **Continue**.



The form is titled "Employment Information" and contains several input fields: "Name of Employer and/or Agency", "Employer's Phone Number" and "Extension", "Employer and/or Agency Mailing Address" (with a location pin icon), "City", "State" (a dropdown menu currently showing "Arizona"), and "Zip Code". At the bottom of the form are three buttons: "Cancel", "Save", and "Continue". The "Continue" button is highlighted with a red rectangular box.

11. Read the statement about fingerprinting, check the acknowledgement box, and sign your name. Press **Continue**.

* If a warning says your name doesn't match: Only use first and last name/make sure there are no extra spaces before, between, or after names



The form is titled "Signature" and includes a heart icon in the top right corner. It contains two main sections: "Fingerprinting" with a statement about submitting fingerprints to DPS, and "Applicant Signature" which includes a checkbox for authorizing record release. The checkbox is checked and highlighted with a red rectangular box. Below the checkbox is a text input field for the signature, with a note to "Type your full legal name as your signature." At the bottom of the form are three buttons: "Cancel", "Save", and "Continue". The "Continue" button is highlighted with a red rectangular box.

12. Next you will review the entirety of your application. Please ensure that everything is correct in order to avoid delay in processing. Once you have confirmed that it is accurate, press **Continue to My Order**.

13. Select your payment method. You can select **Submit and Pay by Agency Code** if your agency provided you with one, select **Request Employer Pay** to send the application to your employer's account to complete payment (*they must provide you with their PSP Employer Account email for this option*), or you can press **Submit and Pay by Credit Card** to pay yourself.

My Order
Once your request is completed you will receive an invoice with the fees for any pending items.
Per Arizona Revised Statutes all fees are nonrefundable.

Fingerprint Clearance Cards

Item ↓	Fee ↑	
Fingerprint Clearance Card Application (non-IVP)	\$67.00	
Credit Card Fee	\$1.34	Save for Later Delete
Total	\$68.34	

[Submit & Pay by Agency Code](#) [Submit & Pay by Credit Card](#) [Request Employer Pay](#)

14. Prior to paying, you must acknowledge BOTH statements. **Continue to Pay**.

Order Acknowledgement

☒ I understand that after I pay, I will need to log back into the Public Services Portal and go to my Message Center for further instructions and important information regarding my submission.

☒ I understand that per Arizona Revised Statutes, all fees are nonrefundable.

[Cancel](#) [Continue to Pay](#)

15. You will be navigated to the payment page, which will log you out of the PSP. If you have trouble paying and are using Google Chrome, try using a different browser.

The screenshot shows the 'State of Arizona Checkout Utility' payment page. The header is blue with the state seal and text. The main content area is titled 'PAYMENT INFORMATION'. Below this is a form titled 'CHECKOUT - PAYMENT INFORMATION' with a red notice: 'NOTICE: Before submitting your payment information, please ensure that your address on file with your bank or credit card company is up to date with the address you are entering here. If your address does not match, your payment might be rejected.' The form contains fields for First Name, Last Name, Billing Address, Billing Address 2, City, State (dropdown), Zip, Email, and Phone Number. Below these is a section for payment method with radio buttons for 'Credit Card' (selected) and 'Electronic Check'. Under 'Credit Card', there are logos for American Express, Mastercard, and Visa, and a red note: 'Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the system's inability to confirm security measures. As an alternative, please use a secured or prepaid Credit Card issued by a US entity or bank.' The fields for Credit Card Number, Expiration Month, Expiration Year, and CVV/CSV are present. At the bottom of the form are 'Cancel' and 'Continue' buttons.

16. If you need to get back into your account, return to the PSP and log back in.

