

## NORTH DAKOTA MEDICAL IMAGING AND RADIATION THERAPY BOARD

PO BOX 398 BISMARCK, ND 58502

701-425-0861

Fax 701-224-9824

[info@ndmirtboard.com](mailto:info@ndmirtboard.com)

[www.ndmirtboard.com](http://www.ndmirtboard.com)

If you have already graduated and received your registry exam results or registry card, you will apply for an Initial license. You will complete the Application for Initial Licensure or Conditional License and send the fee. The fee is \$175 payable to NDMIRTB by check or money order. *If you are already licensed or practicing in another state and wish to practice in ND permanently or as a traveler, you should complete Application for Initial Licensure or Conditional License and send the \$175 fee payable to NDMIRTB.* The Criminal History background check forms will be mailed to you when the Board office receives your application.

or

If you have already graduated from a sonography or cardiovascular invasive specialist program (CIS) and are actively working to fulfill requirement hours to become registry eligible, you will apply for a Conditional license. You will complete the Application for Initial Licensure or Conditional License and send the fee. The fee is \$175 payable to NDMIRTB by check or money order. The Criminal History background check forms will be mailed to you when the Board office receives your application.

### LICENSE PROCEDURES FOR NEW GRADUATES

#### Temporary License

##### Temporary License Procedures:

Temporary licenses (*only valid for 180 days*) are issued for qualified individuals who need to take the registry exam or awaiting the exam results. **A Temporary license may be issued to new graduates in Radiography or other Board approved modality.** *If you are a Traveler (locums tenens) please use the Application for Initial Licensure or Conditional License to apply for licensure in ND.*

\*A temporary license will NOT be issued if an applicant is still enrolled in a training program. The applicant MUST have successfully completed the training program before a temporary license will be issued. However, the applicant may begin the application process and the Criminal History background check process to help expedite licensure.

##### Brief overview:

- A completed application and fee is received from applicant. (Be sure to use proper postage to avoid delays.) The fee is \$65 payable to NDMIRTB by check or money order.
- The applicant **or** program director MUST send a notarized letter stating successful completion of the training program **or** have an official and final transcript sent from the college.
- The Board office will mail out the Criminal History Background check form to the address listed on the application; when completed this MUST be returned to the office. (*Delays in returning this form will result in delays in becoming licensed.*)

\*Once the completed Criminal History background check forms are received, they are mailed to the Bureau of Criminal Investigation (BCI) for processing. It generally takes about 2-4 weeks before those results are returned to the Board office.

\*\*If the background check results are clear, all documents received, and the training program has been successfully completed, the temporary license may be issued. Temporary license is only valid for 180 days.

**Within 180 days of your Temporary license being issued, you MUST transition to a full license.** At the end of the 180 days, if you have failed to transition to full licensure and you are practicing, you will be breaking ND state law by practicing without a current license.

Transition process:

- 1) Successfully pass the registry exam.
- 2) Submit a completed Initial Application for Licensure form.
- 3) Submit the remaining fee of \$110.
- 4) Submit a copy of your registry card. (*Each time you renew your registry (ARRT, NMTCB, etc.), you must send a copy of your new registry card to the NDMIRTB office.*)
- 5) *Temporary License holders will not need to complete another Criminal History background check when they transition to full licensure.*

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**APPLICATION FOR TEMPORARY LICENSURE**

**This application is for new graduates only!**

**This application is to provide a temporary license to those practicing medical imaging in North Dakota.**

Complete the application. Check or money order should be payable to **NDMIRTB**. The Board cannot accept credit card payments or payment over the phone. Please do not staple or tape your payment to the application.

**OFFICE USE ONLY:** RECEIVED \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK # \_\_\_\_\_

Please check the discipline(s) in which you are **eligible to be registered in** and wish to apply for licensure:  
\_\_\_ Radiography                      \_\_\_ Other \_\_\_\_\_  
(Must have Board approval; contact the Board office.)

**Temporary License:**              \_\_\_ \$25 Application Fee              \_\_\_ \$40 Temporary License Fee

The Board may issue a temporary license for no longer than 180 days to an individual, who is a new graduate of a program and is waiting to take the national registry examination or waiting for the results of their examination.

**Contact Information:**  
Please complete the following information. Please print legibly or type the information. Do not use pencil!

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First	Middle	Last	Maiden
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Mailing Address \_\_\_\_\_  
  PO Box or Street Address                      City                      State                      Zip

Home Phone (    ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

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Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Failure to provide your social security number is a basis to deny a license. Federal law, 42 U.S.C. § 666(a)(13)(A), requires state professional and occupational licensing authorities to obtain all applicants' social security numbers and report these numbers to the state's child support enforcement authority. We will keep your social security number confidential, except when required to provide it according to state or federal law.)

Citizenship:     \_\_\_ U.S.                      \_\_\_ Other, please list \_\_\_\_\_  
(8 U.S.C. § 1621 requires proof of legal presence in the United States. **Acceptable documents include a copy of your birth certificate, or Social Security Card, US passport, foreign VISA or permission to work in the US. A driver's license is NOT an acceptable document to show citizenship.** If you have alien status, please contact the Board office for additional acceptable documents.)

**Employer Information** (If applicable, if not kindly provide via email at a later date.)

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Employer \_\_\_\_\_ Employer Phone (    ) \_\_\_\_\_

Employer Address \_\_\_\_\_

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Employer City                                      State                                      Zip                                      County

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**Personal Background History – You must answer these questions or your application will be returned!**

Criminal history, alcohol/drug abuse, mental health issues or disciplinary action is not necessarily a disqualification from licensure. Please be honest, a YES answer does not disqualify you from licensure.

1. Have you ever been convicted of an offense other than minor traffic violations?  YES  NO  
(Offenses include any felonies or misdemeanors including under age in possession of alcohol (ages 18-21), DUI, drug possession, trespassing, assault, disorderly conduct, and theft.)
  
2. Do you have any pending disciplinary investigations, or have you ever had any other professional license subject to disciplinary action in North Dakota, or another state, or by any licensing agency?  YES  NO
  
3. Have you ever abused alcohol or drugs or experienced any mental health difficulties which could impair your ability to practice Medical Imaging or Radiation Therapy?  YES  NO
  
4. Have you ever voluntarily surrendered your certificate or license in order to avoid disciplinary action by a regulatory agency?  YES  NO

\*If you have answered "YES" to any of the above background questions, you must provide the Board with a Letter of Explanation in your own words with specifics about each separate incident(s), the date(s), and your signature. Your letter should include important dates, locations (if necessary), the surrounding circumstances, and the penalty, conviction, or treatment you received. You must also provide copies of all related documentation (for each separate incident) such as criminal judgments, police reports, and court documents.

**\*\*All persons with a conviction in the last 5 years should also provide a copy of the ethics letter from the certifying body (ARRT, ARDMS, etc.) that you are eligible to take your registry exam.** National registry requires reporting of past convictions to the appropriate ethics committee. If you are waiting for a letter from the registry's ethics committee, please state as such in your explanation.

**\*\*\*Failure to submit appropriate documentation may delay your license.** The Board may request additional information and documentation as needed.

**Education and Training Information**

**\* The applicant or program director MUST send a notarized letter stating successful completion of the training program or have an official and final transcript sent from the college.**

**1) Please list the college or institution where you will receive your degree:**

College \_\_\_\_\_ Location (City/State) \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Expected College Completion Date \_\_\_\_\_

**2) Please list Training Program where you received your Medical Imaging Education:**

Training Program Name \_\_\_\_\_ Location (City/State) \_\_\_\_\_

Training Program Completion Date \_\_\_\_\_

**Credentialing**

Have you already passed a registry exam? If so, which exam and when? \_\_\_\_\_

If you have not taken the exam, has your exam been scheduled? When? \_\_\_\_\_

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**Please review before submitting your application for a temporary license:**

Have you included the following?

\_\_\_\_\_ A completed and signed application for Temporary Licensure.

\_\_\_\_\_ A check or money order payable to NDMIRTB for \$65.00.

\_\_\_\_\_ A copy of your citizenship documentation (Social Security Card, US Passport, US birth certificate, foreign VISA or permission to work in the US). **(A driver's license is not acceptable documentation.)**

\_\_\_\_\_ If you answered "Yes" to any of the questions in the Personal Background History, an explanation and any relevant documentation as requested at the end of that section.

\_\_\_\_\_ A notarized letter from the Program Director stating successful completion of the training program

**or** have an official and final transcript sent from the college.

**Agreement**

Please read the agreement carefully before signing.

In consideration of my receiving a temporary license from the North Dakota Board of Medical Imaging and Radiation Therapy Board, I do hereby agree to abide by North Dakota laws and administrative rules pertaining to the practice of Medical Imaging and Radiation Therapy. (NDCC 43-62)

I AM AWARE THAT IF ANY CHANGES OCCUR IN MY EMPLOYMENT AND/OR HOME ADDRESS AND PHONE NUMBER, THE BOARD MUST BE NOTIFIED.

Falsifying an application, supplying misleading information or withholding information may be grounds for denial or revocation of licensure. By signing this application below, I certify that the information appearing on this application is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NDMIRTB

PO 398

BISMARCK, ND 58502

**The \$65.00 check should be payable to NDMIRTB. (To avoid delays in your licensure process, make sure you have enough postage on your envelope!)**

Upon receipt of your completed application and fee, you will be mailed the forms to complete the Criminal History Record Check. The forms cannot be faxed or emailed. Once we receive the completed forms back from you, it takes about 2-4 weeks until we get the results. **(Your license will not be issued until results are received!)**

**Within the 180 days transition your temporary to a full license:**

Upon passing the registry exam, you will need to: 1) submit a completed initial application for licensure, 2) pay the remaining fee of \$110, and 3) submit a **copy of your NEW registry card**.

**\*Each time you renew your registry (ARRT, NMTCB, etc.), you must send a copy of your new registry card to the NDMIRTB office.**

If you have any questions, contact the Board office at 701-425-0861 or [info@ndmirtboard.com](mailto:info@ndmirtboard.com).