



# North Dakota Medical Imaging and Radiation Therapy Board

PO Box 398 Bismarck, ND 58502 Phone: 701-425-0861 Fax: 701-224-9824

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

**Note: You MUST hold at least one current Primary Modality ND License with a national registry to qualify to apply for a ND MRI (Magnetic Resonance Imaging) Conditional License.**

## North Dakota MRI Conditional Licensure Application/Information

*There is no fee/charge for this. Conditional license valid for two years and maybe renewed once or upon Board approval. (Must provide documentation to renew.)*

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #

City State ZIP Code

Country: \_\_\_\_\_ Email \_\_\_\_\_  
 \*(The Board staff will communicate with you at this email address, please check regularly.)

Phone: \_\_\_\_\_ ND License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### NO Fees – this is only a tracking mechanism

**Due to 2017 Legislation, NDCC 43-62-14, MRI registry is Mandatory.**

<http://www.legis.nd.gov/cencode/t43c62.pdf?20151008105050>

\*Licensees currently working toward their MRI Registry must complete this form. Upon passing your MRI national registry exam simply request a new license and show proof of MRI credential earned. A copy of your card or other **ARRT** (American Registry of Radiologic Technologists) or **ARMRIT** (American Registry of Magnetic Resonance Imaging Technologists) documentation of passing the exam and a request via mail or email to update your license. A new license certificate will then be sent to you at NO additional cost.

**\*\*NO action is needed, if you currently have the MRI registry and are actively practicing. It should be displayed on your license.\*\***

### Employment Information

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Country: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### Disclaimer and Signature

*All applicants please read and sign/date the statement below. All applicants will be null and void unless properly signed and dated.*

*I hereby submit this application and attest to the authenticity and accuracy of the application and all information contained herein. I further understand that if any information contained in this application or supporting documents submitted on my behalf, is determined to be false or misleading, this may be cause for denial, revocation or suspension of any license pursuant to this application and criminal prosecution and punishment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_