

**NORTH DAKOTA MEDICAL IMAGING AND RADIATION THERAPY BOARD**

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# Application for Initial Licensure or Conditional License

**This application is to initially license or conditionally license to those practicing medical imaging and radiation therapy in North Dakota.** Complete the four-page application. All check or money orders 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. **Please print legibly or type the information. Do not use pencil!**

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

Please check the discipline(s) in which you are currently **REGISTERED** and wish to apply for licensure:

- Radiographer
- Radiation Therapist
- Radiologist Assistant
- Cardiovascular Invasive Specialist/Cardiac Electrophysiology Specialist (CIS/CES)
- Nuclear Medicine Technologist
- Sonographer
- Magnetic Resonance Imaging Technologist

**Initial License:** \_\_\_\_\_ \$25 Application Fee \_\_\_\_\_ \$150 License Fee

The Board may issue an initial license to an applicant who is currently registered with a national certifying body (ARRT, ARDMS, NMTCB, CCI, etc.).

**Temporary License Holders:** \_\_\_\_\_ \$110 Remaining fee for Licensure

If you already hold a temporary license, you will need to pay the \$110 remaining fee to receive your full license. Complete and submit this application, \$110 fee, and a copy of your national registry card.

**Conditional License:** \_\_\_\_\_ \$25 Application Fee \_\_\_\_\_ \$150 License Fee

The Board may issue a 2-year conditional license to an individual that graduated from a sonography or CIS/CES program and is actively working to fulfill requirements for registry with ARRT in sonography, ARDMS, CCI, or taking the ND state administered exam. **Sonographer or CIS/CES applicants should apply for a conditional license.**

**Temporary license:**

The Board may issue a temporary license for no longer than 180 days to an individual, who is a new graduate of a program in radiography, nuclear medicine, radiation therapy, radiologist assistant or MRI. The applicant is waiting to take the registry examination or waiting for the results of their examination. To apply you will need to complete the Application for Temporary License and pay the \$65 fee.

**Contact Information:**

**This is the mailing address where the Board will send your background check forms and eventually your license. If you have a different or temporary address, please write it on a separate sheet.**

Name \_\_\_\_\_  
First Middle Last Maiden

Mailing Address \_\_\_\_\_  
PO Box or Street Address City State Zip

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

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**

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

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

Employer City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Locums Tenens (Travelers)**

Are you currently working as a locum tenens (one who travels, sometimes to different states, to work for short periods of time in someone’s absence or a shortage of employees)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, Company Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

How long will you be practicing in ND? \_\_\_\_\_

Name of ND facility: \_\_\_\_\_ City: \_\_\_\_\_

**Education and Training Information – You do not need to provide transcripts or diplomas to the Board.**

High School \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Year \_\_\_\_\_

Please list the college or institution where you received your Medical Imaging Education:

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

Degree/Certificate \_\_\_\_\_ Major \_\_\_\_\_ Date \_\_\_\_\_

**Certification**

List ALL categories for which you are certified: \_\_\_\_\_

(Examples: Mammography, CT, Magnetic Resonance Imaging, Quality Management, Sonography, Radiation Therapy, Radiologist Assistant, etc.)

*If sonography, list type* \_\_\_\_\_

(Examples: Abdomen (AB), Breast (BR), Adult Echo (AE), Pediatric Echo (PE), Vascular Technology (VT), etc.)

List below ALL disciplines in which you currently practice in but are not certified:

(Examples: CT, MRI, Nuclear Medicine, Sonography, Mammography, Echo, Interventional, etc.)

Modality	Place of Employment	On-the-job Training (Y/N)
_____	_____	_____ YES _____ NO
_____	_____	_____ YES _____ NO
_____	_____	_____ YES _____ NO

**Credentialing**

You must be currently registered in all primary modalities you are currently practicing. Please submit a copy of your registry card(s). If you have renewed your registration and have not received the new card, a copy of the verification of your status from the registry’s website is acceptable. When you receive your new card, please send it to the Board office.

Mark all that apply:

	Registry Number	Expiration Date	CE Compliant
ARRT	_____	_____	____ YES ____ NO
ARDMS	_____	_____	____ YES ____ NO
NMTCB	_____	_____	____ YES ____ NO
CCI	_____	_____	____ YES ____ NO
CBRPA	_____	_____	____ YES ____ NO
ARMRIT	_____	_____	____ YES ____ NO
Other	_____	_____	____ YES ____ NO

If you answered NO to CE compliance, please provide an explanation. You are not eligible for licensure if you are not currently registered and/or CE compliant.

Are you currently licensed in any other states? \_\_\_\_ YES \_\_\_\_ NO

List all states you are currently licensed in and include the license number. \_\_\_\_\_

**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. Has any state rejected your application for certification or licensure? \_\_\_\_ YES \_\_\_\_ NO
4. Has any state revoked, suspended, refused to renew, or otherwise restricted your certification or license? \_\_\_\_ YES \_\_\_\_ NO
5. 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
6. 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 with the date 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 such as criminal judgments. **All persons with a conviction in the last 5 years should also provide a copy of the ethics letter from their certifying body (ARRT, ARDMS, etc.).** 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.

**Please review before submitting your application:**

Have you included the following?

- \_\_\_\_\_ A completed and signed four-page application for a license or conditional license.
- \_\_\_\_\_ A check or money order payable to NDMIRTB for the appropriate fee.
- \_\_\_\_\_ A copy of your current registry with a national certifying agency (ARRT, ARDMS, etc.).
- \_\_\_\_\_ 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 must be submitted with the application. If you cannot send a copy of the criminal judgment, please include that in your explanation.
- \_\_\_\_\_ If applying for a conditional license, a copy of an official transcript of completing a program.

**Agreement**

Please read the agreement carefully before signing.

In consideration of my receiving a permanent 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

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PLEASE RETURN THE **COMPLETED 4-PAGE APPLICATION AND APPROPRIATE PAYMENT**, TO THE ADDRESS BELOW:  
NDMIRTB  
PO 398  
BISMARCK, ND 58502

The check or money order for the appropriate fee should be payable to NDMIRTB. **To avoid delays in your licensure process, make sure you have enough postage on your envelope!**

**Initial and Conditional License Applicants:** 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 weeks until we get the results. Your license will not be issued until the results are received!

**Temporary License Holders will not need to complete another background check.**

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