

NORTH DAKOTA MEDICAL IMAGING AND RADIATION THERAPY BOARD

PO BOX 398 BISMARCK, ND 58502

701-425-0861

Fax 701-224-9824

info@ndmirtboard.com

www.ndmirtboard.com

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. 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.

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:

- | | |
|--|--|
| <input type="checkbox"/> Radiographer | <input type="checkbox"/> Nuclear Medicine Technologist |
| <input type="checkbox"/> Radiation Therapist | <input type="checkbox"/> Sonographer |
| <input type="checkbox"/> Radiologist Assistant | <input type="checkbox"/> Magnetic Resonance Imaging Technologist |
| <input type="checkbox"/> Registered Cardiovascular Invasive Specialist/Registered Cardiac Electrophysiology Specialist (CIS/CES) | |

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.).

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. The temporary license is \$65 and requires completion of the Application for Temporary License, which is a different application also on the Board’s website above.

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
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Mailing Address _____

PO Box or Street Address	City	State	Zip
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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 \$175 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

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

The \$175 check or money order 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 weeks until we get the results. Your license will not be issued until the results are received!

If you have any questions, contact the Board office at 701-425-0861 or info@ndmirtboard.com.