

NORTH DAKOTA MEDICAL IMAGING AND RADIATION THERAPY BOARD OF EXAMINERS

PO BOX 398 BISMARCK, ND 58502

701-425-0861

Fax 701-224-9824

info@ndmirtboard.com

www.ndmirtboard.com

APPLICATION FOR TEMPORARY LICENSURE

This application is for new radiography graduates only!

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

Complete the application. Check or money order should be payable to **NDMIRTBE**. 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:

Radiographer Nuclear Medicine Technologist
 Radiation Therapist Radiologist Assistant
 Registered Cardiovascular Invasive Specialist
 Other _____

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 radiography program and is waiting to take the ARRT examination or waiting for the results of their examination.

Sonographer or CIS applicants should apply for a conditional license, not a temporary license.

Conditional License:

The Board may issue a 2-year conditional license to an individual that graduated from a sonography or CIS program and is actively working to fulfill requirements for registry. The conditional license is \$175 and requires completion of the Application for Initial License or Conditional License, which is a different application also on the Board's website above.

Contact Information:

Please complete the following information. Please print legibly or type the information. Do not use pencil!

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 _____

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.

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 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 the certifying body (ARRT, ARDMS, etc.) that you are eligible to take your registry exam.** Failure to submit appropriate documentation may delay your license. The Board may request additional information as needed.

Education and Training Information – You must send a notarized letter from your program director that you have completed the program or send an official and final transcript.

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 _____

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? _____

Please review before submitting your application for a temporary license:

Have you included the following?

- _____ A completed and signed application
- _____ A check or money order payable to NDMIRTBE 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
- _____ Have you sent a copy of an official transcript of completing a program or a notarized letter from your program director that you completed the program.

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 of Examiners, 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

To receive your permanent license:

Upon passing the registry exam, you will need to submit a completed initial application for licensure, the remaining fee of \$110, and a copy of your registry card. **Those applying for temporary licensure before July 1, 2016, will not require the Criminal History Record Check to be completed for licensure.**

All checks should be payable to NDMIRTBE.

NDMIRTBE
PO 398
BISMARCK, ND 58502

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