



LICENSURE PROCEDURE FOR A CONDITIONAL LICENSE

This application is also available online at www.ndmirtboard.com, which may help to expedite licensure.

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 a Conditional License and send the fee. The fee is \$175 payable to NDMIRTB by check or money order. You may print the Criminal History Record Check forms at the Board’s website above. If you need the forms sent to you, please contact the Board office. If you are already currently licensed, you do not need to pay the fee or complete the Criminal History Record Check.

Conditional licenses are issued for qualified individuals who need to take the registry exam. **A conditional license can be issued for a new graduate in sonography or cardiovascular invasive specialist (CIS) or cardiac electrophysiology specialist (CES).** Application of Conditional Licensure is valid for two years and may be renewed once or upon Board approval. *(Must provide documentation to renew.)*

The applicant may be in one of the following scenarios:

- Applicant working on completing work experience requirements of their program (sonography, MRI, or CIS/CES).
- CIS/CES applicant completing registry requirements for pending CCI registry exam.
- Sonographer applicant finishing program and pending ARRT or ARDMS registry exam(s).
- Applicants pending/preparing to take a ND state administered exam.
- Current NDMIRTB licensees wishing to also practice sonography or CIS.

CONDITIONAL LICENSURE Application Process Overview: *(If you are currently licensed in good-standing with a primary modality ND license, there is NO FEE for a Conditional License. The FEES and Background checks pertain to NEW licensees only.)* If any additional questions, please contact the Board office.

- 1) Complete the Application for a Conditional License and submit the appropriate fees. *(Be sure to use proper postage to avoid delays.)* The fee is \$175 payable to NDMIRTB by check or money order.
- 2) You may print the Criminal History Record Check forms at the Board’s website above. If you need the forms sent to you, please contact the Board office. If you are already currently licensed, you do not need to pay the fee or complete the Criminal History Record Check. *(Delays in returning this form will result in delays in becoming licensed.)*
- 3) You must have your school send an official transcript when you graduate from the program. The license will not be issued until you finish your program. In lieu of a transcript, your faculty advisor may send a notarized letter verifying you will be completing the program within 30 days of the letter.
- 4) If you are currently licensed by the Board, you will need to have your employer send a letter stating you will be working toward registry for this modality.
- 5) You must proof of eligibility to take the examination. This can be a printout of your online profile with the registry.

*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 and all documents have been received, the license may be issued.

To transition a Conditional to a full license:

- 1) Successfully pass the registry exam.
- 2) Submit a request to transition the conditional license to a full license with a copy of your registry card *(Each time you renew your registry (ARRT, ARDMS, CCI, NMTCB, etc.), you must send a copy of your new registry card to the NDMIRTB office.)* No additional fees.

Conditional Holders will not need to complete another Criminal History background check when they transition to full licensure.

Brief Overview Initial License Procedures:

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 License and send the appropriate fee. You will need to complete the Criminal History Record Check mentioned above. *If you are already licensed or practicing in another state and wish to practice in ND permanently or as a traveler, you should complete this application.*

Brief Overview of a Temporary License:

If you are a NEW student graduating from a training program you will complete the application for a Temporary License and send the appropriate fee. **A Temporary license may be issued to new graduates in Radiography or other Board approved modality.** You will complete the Criminal History Record Check mentioned above. *If you are a Traveler (locums tenens) please use the Application for Initial License to apply for licensure in ND.*



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 a Conditional License

You have the option to complete this application online at www.ndmirtboard.com.

This application is to conditionally license those practicing medical imaging and radiation therapy in North Dakota. Complete the 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 # _____

Initial License: _____ \$25 Application Fee _____ \$150 License Fee NDMIRTB License # _____

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, ARDMS, CCI, or taking the ND state administered exam.

Sonography, CIS/CES, or MRI applicants should apply for a conditional license.

(If you are currently licensed in good-standing with a primary modality ND license, there is NO FEE for a Conditional License. The FEES and Background checks pertain to **NEW** licensees only.) If any additional questions, please contact the Board office.

Please check the modality being requested. A Conditional license is valid for two years and may be renewed once or upon Board approval. (Must provide documentation to renew.)
 Sonography Cardiac Electrophysiology Specialist (CES)
 Cardiovascular Invasive Specialist (CIS)
 Other (please specify) _____

Licensure by Endorsement:
Are you currently licensed in other states? YES NO
If YES, please list the state(s) and license number(s) _____
If YES, must provide verification directly from that state(s) of an unrestricted and unencumbered state(s) license.
NDAC 114-02-02-02 *An individual previously licensed in North Dakota may apply for relicensure. The applicant may not have an encumbered license or other restricted practice in any jurisdiction and shall meet all board requirements.

Contact Information:
This is the contact information the Board office will use to contact you. The Board office usually communicates by email and phone. 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.)



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Active Military Members and Spouses

Are you an active member of the U.S. Military _____ OR A spouse of an active U.S. Military member? _____ No

(If "yes", you must submit proof of your military status or your spouse's active member status. Please submit a military issued ID noting relationship to the military member and the orders of the active military member status for you or your spouse.)

Employer Information – You do not need to complete this section if you do not have an employer in the medical imaging or radiation therapy field.

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.

1)Please list the college or institution where you received your degree:

College _____ Location (City/State) _____

Degree _____ Major _____ Date _____

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

Training Program Name _____ Location (City/State) _____

Training Program Completion Date _____

LICENSE APPLICANTS: Continuing Education (CE) Compliance begins in the 2020-2021 cycle.

Once you receive your license, you will be required to meet CE requirements to renew your license. NDCC 43-62-14(3), NDAC 114-02-01-04 states; "An individual must be continuing education compliant in each modality of practice and may practice in more than one modality and all the modalities will be acknowledged on the license." **You will not send in CE documentation unless audited by the Board, retain CE information for your own records. For more information, go to the Board's website under the Continuing Education tab.**



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Credentialing

You must be currently registered in all primary modalities you are currently practicing. Upon receiving, 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 a copy to the Board office.

Conditional license applicants should mark below which exam they will be taking.

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
ISCD	_____	_____	___ YES	___ NO
Other	_____	_____	___ YES	___ NO
State administered Exam (please specify) _____				

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.

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 automatically disqualify you from licensure.

- 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.)
- 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
- Has any state rejected your application for certification or licensure? _____ YES _____ NO
- Has any state revoked, suspended, refused to renew, or otherwise restricted your certification or license? _____ YES _____ NO
- 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
- Have you ever voluntarily surrendered your certificate or license or entered into a settlement agreement of any kind 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, 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, disciplinary documents, and court documents.

****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.

Once you are licensed by the Board, ALL convictions should be self-reported within 60 days.



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Have you included the following?

- _____ A completed and signed application for a Conditional license.
- _____ A check or money order payable to NDMIRTB for the appropriate fee.
- _____ 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 being licensed in another state(s) have you contacted that state(s) to arrange verification **directly** from that state of an unrestricted and unencumbered state(s) license?
- _____ 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.
- _____ Request your official transcript to be sent to the Board office or have your advisor send a notarized letter.
- _____ Proof of eligibility to take the exam, such as a printout of your online profile with registry or passing score one exam.
- _____ If already licensed by the Board, a letter from your employer stating you will be working towards registry.
- _____ Have you printed the Criminal History Record Check forms from the Board’s website under the Licensure tab?

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, HOME ADDRESS, PHONE NUMBER, EMAIL ADDRESS, THE BOARD MUST BE UPDATED ON THE BOARD’S LICENSEE ACCOUNT UPDATE PAGE, IN WRITING OR BY EMAIL.

Falsifying an application, supplying misleading information or withholding information may be grounds for disciplinary action. 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 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!**

You may print the Criminal History Record Check forms at the Board’s website above under the Licensure tab. If you need the forms sent to you, please contact the Board office. If you are already currently licensed, you do not need to pay the fee or complete the Criminal History Record Check. 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 the results are received!) The Board office will mail the conditional license to you.

To transition a Conditional to a full license:

- 1) Successfully pass the appropriate registry exam.
- 2) Submit a written/email request to transition the conditional license to a full license with a copy of your registry card *(Each time you renew your registry (ARRT, ARDMS, CCI, NMTCB, etc.), you must send a copy of your new registry card to the NDMIRTB office.)* No additional fees or Criminal History Record Check to complete again.
- 3) Upon receipt of the above, the full license will be issued. The Board office will send an email to the email address on your application. The Board does not mail license certificates, but you may print one from the Board’s website. **Once issued, your license may also be verified at the Board’s website under the Public tab.**

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

Continuing Education (CE) Compliance will begin in 2020. You are required to be CE compliant ONLY in those modalities you are currently practicing.

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