

LICENSURE PROCEDURE FOR AN INITIAL LICENSE

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

If you are a Traveler (locums tenens) please use this application to apply for licensure in ND.

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 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 licensed/practicing in another state and wish to practice in ND permanently or as a traveler, you should complete this application.*

INITIAL LICENSE Application Process Overview:

- 1) Complete the Application for Initial 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. *(Delays in returning this form will result in delays in becoming licensed.)*
- 3) You must submit a copy of proof of citizenship with the application. This may include a copy of your passport, Social Security card, or your birth certificate. **A driver's license is not acceptable for citizenship proof.**
- 4) A copy of your current registry card (ARRT, ARDMS, NMTCB, CCI, ARMRIT, ISCD, etc.).

*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.

Military Members and Spouses

If you are currently licensed in another state/jurisdiction and your spouse is an active member of the military, you may qualify to have the license fee waived. As defined in NDCC 43-51-01(5), a military spouse is one who is currently licensed in another state or jurisdiction and who is the spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in this state in accordance with military orders or stationed in this state before a temporary assignment to duties outside of this state. If you are a spouse of an active military member, you may qualify have the license fees waived. Appropriate proof includes a military issued ID noting relationship to the military member and the orders of the active military member spouse. You still must meet all other license requirements, including the Criminal History Record Check.

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 fee. **A Temporary license may be issued to new graduates in Radiography or other Board approved modality.** The temporary license application also requires completion of a background check. You may find the Temporary License application at the Board's website above or by contacting the Board office.

Brief Overview of Conditional License Procedures:

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. The conditional license application also requires completion of a background check. You may find the Conditional License application at the Board's website above or by contacting the Board office.

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 an Initial License

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

This application is to initially 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

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

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

(if practicing in more than one modality MUST have the appropriate registry in EACH modality – ND state law)

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

If applying by Endorsement (already licensed in another state), please check box:

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.*

Active Military Members and Spouses – If you are currently licensed in another state/jurisdiction and your spouse is an active member of the military, you may qualify to have the license fee waived. The Board also wishes to track how many US military members are working in the state.

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.)

****If you are a spouse of an active military member, you may qualify to have the license fees waived. As defined in NDCC 43-51-01(5), a military spouse is one who is currently licensed in another state or jurisdiction and who is the spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in this state in accordance with military orders or stationed in this state before a temporary assignment to duties outside of this state. You still must meet all other license requirements, including completing the Criminal History Record Check.**

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 _____

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Personal Information

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 – Not required. Only complete this section if you have an employer in a medical imaging or radiation therapy field (hospital, clinic).

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 _____

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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 a copy 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
ISCD	_____	_____	___ 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.

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.

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 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.

ALL convictions should be self-reported within 60 days to the NDMIRTB.

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Please review before submitting your application:

Have you included the following?

_____ A completed and signed **Application for an Initial license.**

_____ A check or money order payable to NDMIRTB for the \$175 fee.

_____ A copy of your current registry card(s) 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 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.

_____ Have you printed the Criminal History Record Check forms from the Board's website under the Licensure tab?

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, 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. (*Delays in returning this form will result in delays in becoming licensed.*) 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!**)

Once the background check results, all documents are received, and everything is satisfactory, your 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, you MUST send an upload your new registry card to the Licensee Account Update on the Board's website under the Licensure tab.**

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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.