

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

TEMPORARY LICENSE PROCEDURES FOR NEW GRADUATES

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

Temporary License Application Process Overview:

Temporary licenses (*only valid for 180 days/6 months*) are issued for qualified individuals who need to take the registry exam or awaiting the exam results. **A Temporary license may be issued to new graduates in Radiography or other Board approved modality.** *If you are a Traveler (locums tenens) please use the Application for Initial Licensure to apply for licensure in ND.*

***A temporary license will NOT be issued if an applicant is still enrolled in a training program. The applicant MUST have successfully completed the training program before a temporary license will be issued. However, the applicant may begin the application process and the Criminal History background check process to help expedite licensure.**

- A completed application and fee is received from applicant. (Be sure to use proper postage to avoid delays.) The fee is \$65 payable to NDMIRTB by check or money order.
- The applicant **or** program director **MUST** send a notarized letter (**NO sooner than ONE month/30 days prior to completion of program**) stating successful completion of the training program **or** have an official and final transcript sent from the college.
- The Criminal History background check instructions and forms are available at the Board’s website under the Licensure tab. If you would like to have them mailed or emailed to you, please contact the Board office. The completed forms must be returned to the Board office.

**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. (Your license will not be issued until the results are received!) (Delays in returning this form will result in delays in becoming licensed.)*

***If the background check results are clear, all documents received, and the training program has been successfully completed, the temporary license may be issued. Temporary license is only valid for 180 days.*

Within 180 days/6 months of your Temporary license being issued, you MUST transition to a full license. At the end of the 180 days/6 months, if you have failed to transition to full licensure and you are practicing, you will be breaking ND state law by practicing without a current license.

To transition a Temporary License to full licensure:

- 1) Successfully pass the registry exam.
- 2) Complete the Transitioning Temporary License Application form, available online only.
- 3) Pay the remaining fee of \$110.
- 4) Upload a copy of your registry card. (*Each time you renew your registry (ARRT, NMTCB, etc.), you must send a copy of your new registry card to the NDMIRTB office.*)
- 5) *Temporary License 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 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.

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APPLICATION FOR TEMPORARY LICENSURE

This application is for new graduates only!

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

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

Complete the 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 **eligible to be registered in** and wish to apply for licensure:

___ Radiography ___ Other _____
(Must have Board approval, questions contact the office.)

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 program and is waiting to take the national registry examination or waiting for the results of their examination.

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

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 *(If applicable, if not kindly provide via email at a later date.)*

Employer _____ Employer Phone () _____

Employer Address _____

Employer City _____ State _____ Zip _____ County _____

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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. 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 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(s), 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 the certifying body (ARRT, ARDMS, etc.) that you are eligible to take your registry exam.** 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 licensed, ALL convictions should be self-reported within 60 days to the NDMIRTB.****

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.)

Education and Training Information

*** The applicant or program director MUST send a notarized letter (NO sooner than ONE month/30 days prior to completion of program) stating successful completion of the training program or have an official and final transcript sent from the college.**

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

College _____ Location (City/State) _____

Degree _____ Major _____ Expected College Completion Date _____

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

Training Program Name _____ Location (City/State) _____

Training Program Completion 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? _____

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Please review before submitting your application for a temporary license:

Have you included the following?

_____ A completed and signed Application for Temporary Licensure.

_____ A check or money order payable to NDMIRTB 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.

_____ A notarized letter from the Program Director (**NO sooner than ONE month prior to completion of program**) stating successful completion of the training program **or** have an official and final transcript sent from the college.

_____ 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 temporary 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

NDMIRTB
PO 398
BISMARCK, ND 58502

The \$65.00 check 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 or print them yourself from our website under the Licensure tab. 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 results are received!)**

Within the 180 days transition your temporary to a full license:

Upon passing the registry exam, you will need to: 1) online complete the Transitioning Temporary License application form, 2) pay the remaining fee of \$110, and 3) upload a **copy of your NEW registry card**.

***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.