

**North Dakota Medical Imaging and Radiation Therapy Board**

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**List/Labels Request Form**

(This form is not required if all information is included in a written request!)

**Fee for a list is \$25.00. Please send check or money order made payable to NDMIRTB.**

**Credit cards and purchase order cards cannot be accepted for payment.**

Person requesting list \_\_\_\_\_

Organization or business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**I request the following** (Please attach a sheet explaining any requested fields or special instructions):

**Purpose of the list** (Please mark one):

Continuing Education       Employment Recruiting       Research       Other \_\_\_\_\_

Are there any specific fields you request? \_\_\_\_\_

*According to NDCC 44-04-18.1 and NDCC 44-04-18.21, home address, phone number, and email are given out at the discretion of the Board. Social Security Number and birth month/day are closed records and cannot be given out. **The Board has decided that phone number and email will not be released for any reason.***

**License Level:**  All Licensees       Radiographers       Sonographers       CES/CIS  
 Nuclear Medicine Technologists       Radiation Therapists       Radiology Assistants       MRI Technologists  
 Limited X-ray Operators       Bone Densitometry Technologies

**List/label order** (Mark one):

Alphabetical       License Number       Zip Code       No Order       Other \_\_\_\_\_

**Format** (May select up to two):  Email\*     Paper List     Mailing Labels\*\*: Printed \_\_\_\_ Emailed for printing \_\_\_\_

(\*For lists by email, the list is sent in **pipe-delimited format**, as that is recommended by our tech people. However, it can be converted to open in Excel. Please note if you need instructions how to convert it the list to Excel and it will be included with your list.) \_\_\_\_\_ Send instructions

(\*\*Mailing labels can be printed and mailed to you, or it can be sent in an email format for you to print. The labels are formatted for Avery 5160 labels. **Recruiters/employers:** If you will be sending a mailing and wish to have licensing info, you should request the list and the emailed mailing labels.)

**List/labels sent to** (Mark one):  Email address listed above     Address listed above     Address listed below

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please send your request and payment to the address above.** Contact the Board office if you have any questions.

<b>OFFICE USE ONLY:</b> Filename _____ Date Sent _____
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