

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.

License Level: All Licensees Radiographers Sonographers CES/CIS
 Nuclear Medicine Technologists Radiation Therapists Radiology Assistants MRI Technologists

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 also 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.

OFFICE USE ONLY: Filename _____ Date Sent _____
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