



# North Dakota Medical Imaging and Radiation Therapy Board

PO Box 398 Bismarck, ND 58502 Phone: 701-425-0861 Fax: 701-224-9824

[www.ndmirtboard.com](http://www.ndmirtboard.com) Email: [info@ndmirtboard.com](mailto:info@ndmirtboard.com)

## North Dakota State Bone Densitometry Information For NEW applicants ONLY (wishing to practice BD imaging)

**Note: This application is for NON-Imaging Individuals only (i.e.: nursing or research professionals) wishing to perform Bone Densitometry Imaging. If you currently hold a ND License in any of the (6) six Primary Modalities there is NO additional fee for you. The office only tracks this information. However, you do need to obtain 5 hours of CE during your ND licensure cycle pertinent to Bone Densitometry.**

There are two options available for North Dakota registry: **Option 1) state-contracted exam with ARRT OR Option 2) registry exam from the International Society for Clinical Densitometry (ISCD).**

**Option 1:** The North Dakota Medical Imaging and Radiation Therapy Board (NDMIRTB) has a contract with the American Registry of Radiologic Technologists (ARRT) to administer the ARRT Examination (as our state exam) to individuals who meet the minimum standards detailed on the ARRT website for State licensing. Copy and paste the following link to the ARRT Website for details of eligibility and ARRT video instructions:

<https://www.arrt.org/State-Licensing/> and <https://www.arrt.org/videos>

Applicants for a North Dakota State Licensing Examination MUST comply with the standards detailed by NDMIRTB to obtain a **Conditional ND Bone Densitometry License** and complete the appropriate forms, along with the appropriate fee, to apply for eligibility to take the ND State Licensing Examination administered by the ARRT.

Fees payable directly to ARRT online for ARRT Bone Densitometry Equipment Operator (BDEO) examination (instructions supplied after eligibility).

*\*If you intend to apply for the ARRT certification please contact the ARRT directly. Completing the NDMIRTB State Licensing Examination limits the applicant to practice within North Dakota and does not qualify the applicant to hold the ARRT national certification. The NDMIRTB State Licensing Examination may not transfer to other states.*

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**Option 2:** If choosing to take the registry with the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologist (CBDT), the applicant must contact that registry directly for registry exam requirements.

<https://www.iscd.org/certification/certified-bone-densitometry-technologist-cbdt/> and <https://iscd.app.box.com/v/CBDT-Handbook-App>

\*You **MUST** met ND eligibility requirements and complete a **Conditional ND Bone Densitometry License Application**. This will allow you to practice bone densitometry and to meet registry experience requirements.

**Contact ISCD directly for fees and arrangements to take the exam. NDMIRTB does not have an affiliation/contract with ISCD.** Conditional application is valid for two years and may be renewed once or upon Board approval. *(Must provide documentation to renew.)*

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**If you currently have the ISCD registry in good standing, 1) complete the application, 2) submit the fees, and 3) complete the required Criminal History Record background Check (CHRC) forms.** If currently certified and in good standing by the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologists (CBDT), you **must include a copy of your current ISCD Certification card.**

**Must comply with continuing education requirements for renewal every 2 years.**

**You are not able to perform Bone Densitometry imaging on humans without a ND License.**

### Brief Overview:

- Applicant reviews and chooses which registry **option 1) OR option 2).**
- For both registry options, NDAC 114-02-01-03 must first meet eligibility requirements of required Allied Health profession or petition the Board for approval *(please see website for more info regarding these requirements).*
- Complete an application and submit the fees for ND Bone Densitometry Licensure.
- Complete the required Criminal History Records Check forms (CHRC). Print the forms at the Board's website.
- If choosing contracted ARRT state registry exam **option 1**, NDMIRTB forwards application to the ARRT.
- ARRT contacts the applicant with a 90 day window to take the exam.
- ARRT exam results are sent to NDMIRTB and NDMIRTB contacts applicant of pass/fail.
- If choosing ISCD registry **option 2**, all communication is directly between you and the ISCD. **NDMIRTB does not have an affiliation/contract with ISCD.**

Contact the office with any questions: **Email:** [info@ndmirtboard.com](mailto:info@ndmirtboard.com), **Phone:** 701-425-0861



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## North Dakota Bone Densitometry Examination/Licensure Application **for NON-Imaging Individuals ONLY**

**For NEW applicants ONLY** (wishing to practice BD imaging)

You are not able to perform Bone Densitometry imaging on humans without a ND License.

OFFICE USE ONLY: RECEIVED \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK # \_\_\_\_\_

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 licensing payment to the application. **Please print legibly or type the information. Do not use pencil!**

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I. Maiden

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Country: \_\_\_\_\_ Email \_\_\_\_\_  
(The Board staff will communicate with you at this email address, please check regularly.)

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ 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.)

### 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.)

Please list your current Allied Health Occupation: \_\_\_\_\_

- 1) If currently licensed by another ND state Board/entity (license MUST NOT be restricted or encumbered), list board and license number: Board name: \_\_\_\_\_ and ND License number: \_\_\_\_\_
- 2) Are you CE compliant with Board listed above: \_\_\_\_\_ YES \_\_\_\_\_ NO (\*if you answered NO to CE Compliance, please provide an explanation. You may NOT be eligible for licensure if you are not currently in CE Compliance.)
- 3) Are you currently licensed in any other states (license MUST NOT be restricted or encumbered): \_\_\_\_\_ YES \_\_\_\_\_ NO
- 4) List all states you are currently licensed in and include the license number: \_\_\_\_\_

### Licensure Fees/Request of State Bone Densitometry Examination

(Note: This application is **for NON-Imaging Individuals only** wishing to perform Bone Densitometry Imaging. If you currently hold a ND License in any of the 6 **Primary** Modalities there is **NO** additional fee for you. The office only tracks this information. However, you do need to obtain 5 hours of CE during your ND licensure cycle pertinent to Bone Densitometry.)

**Initial ND Bone Densitometry Licensure Fee:** \_\_\_\_\_ \$25 Application Fee \_\_\_\_\_ \$75 License Fee

The Board may issue an initial license to an applicant who is currently certified and in good standing by the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologists (CBDT). This is not a Conditional Licensure.

**\*Must currently hold certification from the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologists (CBDT). \*Must include a copy of your current ISCD Certification card.\***

(This must be completed **BEFORE** applying for an initial ND BD Licensure, if in the process of earning certification then choose the Conditional ND BD Licensure below.)



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**Conditional ND Bone Densitometry Licensure Fee:** \_\_\_\_\_ \$25 Application Fee \_\_\_\_\_ \$75 License Fee

**Please circle which registry option you have chosen:**

**Option 1 – ARRT**

**Option 2 – ISCD**

Application is valid for two years and may be renewed once or upon Board approval. *(Must provide documentation to renew.)*

**Option 1:** Completion of 1) prerequisite Allied Health eligibility per NDAC 114-02-01-03 (2)(3), 2) complete the Conditional BD Application and required Criminal History Record check, 3) submit all fees and successfully pass the American Registry of Radiologic Technologists (ARRT) Bone Densitometry Equipment Operators Examination (BDEO), if choosing this registry option.

The North Dakota Medical Imaging and Radiation Therapy Board (NDMIRTB) has a contract with the American Registry of Radiologic Technologists (ARRT) to administer the Bone Densitometry Equipment Operators (BDEO) Examination to **NON-Imaging individuals** (i.e.: nursing or research professionals) wishing to perform Bone Densitometry examinations in North Dakota.

Applicants for a North Dakota State BDEO Licensing Examination **MUST** complete the appropriate forms along with the appropriate fee to apply for eligibility to take the ND State Licensing Examination administered by the ARRT.

Fees payable directly to ARRT online for ARRT Bone Densitometry Equipment Operator (BDEO) examination (instructions supplied after eligibility).

**Option 2:** Completion of 1) prerequisite Allied Health eligibility per **NDAC 114-02-01-03 (2)(3)**, 2) complete the Conditional BD Application and required Criminal History Record check, 3) submit all fees and successfully pass the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologist (CBDT). **The Conditional license will allow you to practice bone densitometry to meet ISCD registry experience requirements.**

\*If choosing to take the registry with the (ISCD) as a Certified Bone Densitometry Technologist (CBDT), the applicant must contact that registry directly for registry exam requirements. **All fees and arrangements contact ISCD directly.** NDMIRTB does not have an affiliation/contract with ISCD.

**NDAC 114-02-01-03 (2)(3) states:** 2. To be eligible for licensure as a bone densitometry technologist after completing the requirements in subsection 1, the applicant shall hold at least one of the following licenses: a. Medical technologist, medical laboratory technician, or clinical laboratory technician; 5 b. Occupational therapist or occupational therapy assistant; c. Physical therapist or physical therapy assistant; d. Physician assistant or orthopedic physician assistant; or e. Registered nurse or licensed practical nurse.

3. Otherwise, an individual may petition the board for licensure if the individual's education or research background is substantially similar to subdivisions a through e of subsection 2.

## Employment Information

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

## 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.

\*\*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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## Disclaimer and Signature

All applicants please read and sign/date the statement below. All applications will be null and void unless properly signed and dated.

I hereby submit this application and supporting documents and attest to the authenticity and accuracy of the application and all information contained herein. I further understand that if any information contained in this application or supporting documents submitted on my behalf, is determined to be false or misleading, this may be cause for disciplinary action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Please review before submitting your application:

Have you included the following?

- \_\_\_\_\_ A completed and signed application.
- \_\_\_\_\_ A check or money order payable to NDMIRTB for the appropriate licensure 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 currently certified and in good standing by the International Society for Clinical Densitometry (ISCD) as a Certified Densitometry Technologists (CBDT), you must include a copy of your current ISCD Certification card.
- \_\_\_\_\_ 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 by another ND state Board, have you contacted that Board to arrange verification **directly** from that Board of an unrestricted and unencumbered state license?