



2020-2021 Renewal Information and Notice for LXMO and Bone Densitometry Licenses

Limited X-Ray Operator (LXMO) and Bone Densitometry (BD) licenses expire 12/31/2019. You MUST renew your license to continue to practice.

Note: This RENEWAL is for NON-Imaging Personnel only (i.e.: nursing or allied health professionals) wishing to renew a Limited X-ray Machine Operator (LXMO) or Bone Densitometry (BD) license.

Please complete the 2020-2021 Application for Renewal of LXMO and Bone Densitometry License and submit fee of \$75 to NDMIRTB by check or money order. Each time you renew your registry (ARRT, ISCD, etc.), you must send a copy of your new registry to the NDMIRTB office.

Late fee: \$50 additional fee if postmarked on or between January 2 and March 1 – Expired license but not practicing.

Late fee: \$125 additional fee if postmarked on or between January 2 and March 1 – Continued practice with an expired license.

The Board’s Administrative Rules became **effective April 1, 2018** and will now be enforced by the Board.

- [114-01](#) General Administration
- [114-02](#) License Requirements
- [114-03](#) Disciplinary Process
- [114-04](#) Standards of Practice

The ND Administrative Code is promulgated by the Board with subsequent approval by the Attorney General’s Office and the Administrative Rules Committee of the legislature. Once enacted, administrative code has the full force and effect of ND law. <http://www.legis.nd.gov/cencode/t43c62.pdf?20151008105050>

How is Administrative Code different than the Law? Administrative Code further clarifies and defines the laws.

Continuing Education (CE) Requirements:

You are required to submit continuing education (CE) earned in 2018-2019 with your renewal. You MUST send in copies of your CE documentation with your renewal. All original documents of CE information should be retained for your own records. All CE must be RCEEM (*recognized continuing education evaluation mechanism*) eligible and acceptable as national registry (ARRT, ISCD, etc.) appropriate contact hours. If you are not registered with a national registry, the hours should be relevant to your practice as a LXMO or Bone Densitometry Technologist.

LXMO CE requirements (per NDAC 114-02-01-02):

Biennially shall complete twelve (12) hours of continuing education.

Bone Densitometry (BD) CE requirements (per NDAC 114-02-01-03):

Biennially shall complete twelve (12) hours of continuing education.

If you are licensed as both a LXMO and BD Technologist, you must submit 24 hours of continuing education as you are practicing in both modalities.



2020-2021 Application for Renewal of LXMO and BD Licenses

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OFFICE USE ONLY: RECEIVED _____ AMOUNT _____ CHECK # _____
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Renewal fee: \$75.00 Complete the application and return with a check or money order payable to **NDMIRTB**. The Board cannot accept 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!

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License Number _____				
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 Initial	Last	Maiden	
Mailing Address _____				
PO Box or Street Address		City	State	Zip
Home Phone () _____		Date of Birth _____		
E-mail Address _____				

Check the license type you wish to renew for licensure:	
___ Limited X-ray Operator License	___ Bone Densitometry License
*You only pay one renewal fee if you have both of the above licenses. Each time you renew your national registry (ARRT, ISCD, etc.), you must send a copy of the new registration card to the NDMIRTB. *	

Employer Information (leave blank if not practicing)			
Employer _____		Employer Phone () _____	
Employer Street Address _____			
Employer City _____	State _____	Zip _____	County _____
Are you actively practicing Medical Imaging? (yes/no)			<input type="checkbox"/>



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.)

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Credentialing

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 of it to the Board office.

Mark all that apply:

	Registry Number	Expiration Date	CE Compliant
ARRT	_____	_____	____ YES ____ NO
ISCD	_____	_____	____ YES ____ NO
Other	_____	_____	____ YES ____ NO

If you answered NO to CE compliance, please provide an explanation on a separate sheet. You are not eligible for license renewal if you are not currently registered and/or CE compliant.

Are you currently licensed in any other states? _____ YES _____ NO

List all states you are currently licensed in and include the license number. _____



Personal Background History – You must answer these questions or your renewal application will be returned!

Criminal history, alcohol/drug abuse, mental health issues or disciplinary action is not necessarily a disqualification from licensure renewal. Please be honest, a YES answer does not automatically disqualify you from renewal.

1. In the last 24 months, have you ever been convicted of an offense other than minor traffic violations? (Offenses include any felonies or misdemeanors including DUI, drug possession, trespassing, assault, disorderly conduct, and theft.) _____ YES _____ NO
2. In the last 24 months, has there been any pending disciplinary investigations, or have you had any other professional license subject to disciplinary action in North Dakota, another state, or by any licensing agency? _____ YES _____ NO
3. In the last 24 months, has any state denied, rejected, revoked, suspended, refused to renew, or otherwise restricted your certification or license? _____ YES _____ NO
4. In the last 24 months, 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
5. In the last 24 months, 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, ISCD, 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 renewal. The Board may request additional information and documentation as needed.

If you have self-reported the conviction to the NDMIRTB, please indicate the information disclosed, the date of disclosure, and if a settlement agreement was agreed upon.

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

Please review before submitting your Renewal Application:

Have you included the following?

- _____ A completed and signed application for a renewal of your license.
- _____ A check or money order payable to NDMIRTB for the \$75.00 renewal fee.
- _____ A copy of your current registration with a national certifying agency (ARRT, ISCD etc.).
- _____ Included copies of required CE hours. Do NOT send originals.
- _____ 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 your renewal application.
- _____ If after January 2, include the appropriate late fee. *See the bottom of this page for more info.*



Agreement

Please read the agreement carefully before signing.

In consideration of my receiving my renewed 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 and NDAC 114)

I AM AWARE THAT IF ANY CHANGES OCCUR IN MY EMPLOYMENT AND/OR HOME ADDRESS, EMAIL, AND PHONE NUMBER, THE BOARD MUST BE NOTIFIED 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 \$75.00 FEE**, TO THE ADDRESS BELOW:

NDMIRTB
 PO 398
 BISMARCK, ND 58502

Checks and money order for the \$75 fee should be payable to **NDMIRTB**. **To avoid delays in your licensure process, make sure you have enough postage on your envelope!**

It is important that you renew your license by December 31, 2019, to avoid additional late fees! Practicing without a current license is against ND state law.

Upon renewal you will receive an email stating your license has been renewed. The Board does not mail license certificates, but you may print one from the Board’s website under the Licensure tab. Once renewed, your license may also be verified at the Board’s website under the Public tab.

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If you have any questions, contact the Board office at 701-425-0861 or info@ndmirtboard.com.