



North Dakota Medical Imaging and Radiation Therapy Board

2900 East Broadway Ave. Suite #3 Bismarck, ND 58501

info@ndmirtboard.com

Phone: 701-425-0861

www.ndmirtboard.com

READ ALL INFORMATION CAREFULLY TO AVOID LICENSURE DELAYS.

Licensure Application Status can be checked online! You or your employer/travel agency may view your application status on the Board's website, <https://www.ndmirtboard.com/lic/app/status/instruct.asp>. Click on the Applicant tab near the top of the homepage, go down to **Check Application Status**. (To login, you will need to enter your last name, the last 4 digits of your Social Security Number, and select the license type.)

The application status is updated as the required documents for your application are received by the Board Office. It is your responsibility to check on the status of your license. If you have questions regarding your application status, you may email the Board office, info@ndmirtboard.com.

Criminal History Record Check Forms

The Board requires a Criminal History Record Check (CHRC) Request on all applicants in accordance with NDCC § 12-60-24(2)(pp). These are the forms you are required to complete and submit for the background check. You will need to go to a law enforcement agency or a fingerprinting agency to get fingerprinted by an authorized official. You CANNOT take your own fingerprints. **You may be fingerprinted in any state; it does not have to be done in North Dakota.**

If you received these forms by mail, the fingerprint cards are enclosed. If you received this by email or printed these from the Board's website, you must submit the fingerprint cards you completed at the fingerprint agency.

Once all forms are completed, you will need to return the completed forms to the Board office with a check or money order for the processing fees of the background check. **The check must be payable for \$41.25 (forty-one dollars and twenty-five cents) made payable to the North Dakota Attorney General.** Once the Board office receives your completed forms and check, it may take up to 2-3 weeks for the Board office to receive the results from the ND Bureau of Criminal Investigation (NDBCI). The Board cannot "speed up" the process with NDBCI. The Board also cannot accept a copy of a previously completed CHRC report from the applicant, employer, or employment agency in lieu of the Board's own background check. The Board will not issue a license until the results of the CHRC are received. **To expedite this part of the process, you may wish to return your forms by expedited mail such as FedEx or USPS Priority Mail.** Incomplete forms, incorrect payment, unreadable prints, or a past criminal history may result in further delays. The applicant will need to meet all other requirements before the license will be issued.

Do not send the background check forms until you have completed an online application and paid the licensure fees. The Board *will not* process background checks without a completed application.

Do NOT send the background check forms/prints and payment to ND BCI directly, they MUST be sent to the Board office for processing. ND BCI will reject all forms/prints and payment if sent directly to them; everything will be returned back to you causing additional delays in the licensure process.

The completed background check forms, fingerprint cards, and check must be returned to the Board office:

**NDMIRTB
2900 E Broadway Ave Suite 3
Bismarck, ND 58501**



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ND Medical Imaging and Radiation Therapy Board License Instructions

Once all forms are completed, you will need to return the completed forms to the Board office with a check or money order for the processing fees of the background check. **The check must be payable for \$41.25 (forty-one dollars and twenty-five cents) made payable to the North Dakota Attorney General.**

*You should have two cards printed, especially if you have inked/rolled fingerprints. Digital fingerprints are best as they are generally accepted by the FBI. However, not all agencies have digital prints. You must return the forms to the Board office at the mailing address below. **It is NOT possible to electronically send digital prints to North Dakota BCI; they MUST be printed out and mailed to us.**

SAMPLE of the top of a completed FBI Applicant Card (FD-258) for fingerprints:

FBI Applicant cards (FD-258) are available at a fingerprinting agency/law enforcement agency that perform fingerprinting. *Please contact us if you need fingerprint cards MAILED to you. (BCI does not allow emailing of this card.) **DO NOT USE THE SAMPLE CARD BELOW, IT WILL BE REJECTED BY FBI!**

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (Rev. 11-1-20) 1110-0046				LAST NAME	FIRST NAME	MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED				ALIASES AKA		OR		ND920388Z NDMIRTB			
RESIDENCE OF PERSON FINGERPRINTED				CITIZENSHIP CTZ		SEX	RACE	HT	WGT	EYES	HAIR
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS			YOUR NO. CDA				DATE OF BIRTH		DOB	
EMPLOYER AND ADDRESS				ARMED FORCES NO. MNU				CLASS			
REASON FINGERPRINTED				SOCIAL SECURITY NO. SOC				REF			
NDCC §12-60-24(2)(pp), PL 92-544, NDCC §43-62				MISCELLANEOUS NO. NU							
Purpose: (enter license type)											
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			

Copy of top portion of card only as an example

Before mailing, make sure you have completed the required information in the boxes on your fingerprint cards and you MUST sign the cards. This is only a SAMPLE copy of the card and cannot be used for your fingerprints! Agencies will have these blank fingerprint cards and the required information can be added.

If questions call 701-425-0861 or email the office, info@ndmirtboard.com. The completed background check forms, fingerprint cards, and check must be returned to the Board office (do NOT send directly to ND BCI, they will be rejected and returned causing additional delays):

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FINGERPRINT VERIFICATION FORM

This form is NOT to be completed by the applicant.

It must be completed by the individual/technician fingerprinting the applicant.

ATTENTION FINGERPRINT TECHNICIAN:

(Please follow the instructions below for fingerprinting this applicant.)

The applicant should have two **FBI Applicant cards (FD-258)** cards printed, especially **if you are doing inked fingerprints.**

Digital fingerprints are best as they are generally accepted by the FBI. But not all agencies have the capability to do digital fingerprints. **It is NOT possible to electronically send digital prints to North Dakota BCI; they MUST be printed out and then mailed to us.**

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint cards prior to taking the fingerprints. If individual is being printed via Livescan (digital fingerprints), please do NOT fill out cards prior to being fingerprinted.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint cards, please verify DOB matches.
3. Fill out the information in the spaces below. Please print clearly.

PRINT clearly the following information:

Date _____

Name of Applicant _____

Name of Fingerprint Technician (PRINT): _____

Fingerprint Technician's Agency/Company Name: _____

Type of Photo ID provided (check one), please verify DOB:

_____ Driver's License/MVD Issued ID _____ Other (Please specify)

_____ Passport

Please contact the Board office if you have any questions regarding this form or the fingerprint cards.



CRIMINAL HISTORY RECORD CHECK REQUEST PURSUANT TO NDCC 12-60-24

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 60688 (02-2024)

FOR BCI USE ONLY
Check Number
Amount
Receipt Number
Receipt Date
SID

INSTRUCTIONS

1. Please complete your designated section. Type or print legibly and ensure that all information is provided. **Incomplete or illegible requests will be returned.**
2. If requesting Federal Bureau of Investigation (FBI) check related to N.D.C.C. 12-60-24, attach two (2) completed fingerprint cards containing the fingerprints of the subject of the record check. **Checks must be made payable to the North Dakota Attorney General.**

TO BE COMPLETED BY AGENCY

Mail to Attention of Shirley Porter, Executive Director	Telephone Number/Extension 701-425-0861	Email Address info@ndmirtboard.com	
Agency Name North Dakota Medical Imaging & Radiation Therapy Board		Originating Agency Identifier (ORI) ND920388Z	
Address 2900 East Broadway Avenue Suite #3	City Bismarck	State ND	ZIP Code 58501
Comments/Miscellaneous Internal use only: Results sent directly to NDMIRT Board NAC, execdirector@ndmirtboard.com			
Please Check One and Remit Appropriate Fees			
Record Check for Employees/Others		Record Check for Volunteers	
<input type="checkbox"/> ND only, remit \$15.00		<input type="checkbox"/> ND only, remit \$15.00	
<input type="checkbox"/> FBI only, remit \$26.25		<input type="checkbox"/> FBI only, remit \$24.25	
<input checked="" type="checkbox"/> ND and FBI, remit \$41.25		<input type="checkbox"/> ND and FBI, remit \$39.25	
Process Control Number (PCN)	Reason Fingerprinted NDCC §12-60-24(2)(pp), PL 92-544, NDCC § 43-62		

TO BE COMPLETED BY SUBJECT OF RECORD CHECK

Last Name	First Name (no initials)	Middle Name	
Last Name(s) (AKA/Maiden/Former)	First Name	Middle Name	
Date of Birth	Social Security Number		
Current Address	City	State	ZIP Code

Your fingerprints will be used to check the criminal history records of the FBI in accordance with Title 28 CFR 50.12. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

I understand the Applicant Rights provided on the following page and hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature	Date
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Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under N.D.C.C. § 12-60-16.6. Disclosure of your social security number is voluntary, however, if you choose not to disclose it, you will be required to provide alternative information or documentation, which may delay the criminal history record check.

APPLICANT RIGHTS

APPLICANT: Please review and retain for your records.

Privacy Act Statement

As of 03/30/2018

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

28 CFR 50.12(b)

Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Those officials making such determinations must advise the applicants that procedures for obtaining a change, correcting, or updating of an FBI identification record are set forth in 28 CFR 16.34. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program. This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and further, to protect the interests of the prospective employee/ licensee who may be affected by the information or lack of information in an identification record.