

North Dakota Medical Imaging and Radiation Therapy Board

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MAILING LIST REQUEST FORM

Please send check/money order payable to NDMIRTB (use address above). Fee for a list is \$25.00. Credit cards and purchase order cards cannot be accepted for payment.

NAME (Person requesting list)	:				
ORGANIZATION/BUSINESS NAME:					
EMAIL:			PHONE:		
MAILING ADDRESS:					
CITY:					
Purpose of the list (Please m					
Ocontinuing Education	○ Employment Recruiting				
Research	Other (please ex	Other (please explain)			
Please select: All License	es () Radiographer	○ Sonogra	apher	O RCIS/RCES	
 ○ Nuclear Medicine Technologist ○ Radiation Therapist ○ Radiology Assistant 					
○ MRI Technologist ○ Limite	d X-ray Machine Opera	ator () Bone [Densitometry	Equipment Operator	
Format (May select up to two)	:				
○ Email* ○ Paper List ○ Maili	ng Labels**: Printed	Emailed for	printing	_	
(*For lists by email, the list is sent in converted to open in Excel. Please n your list.)	ote if you need instructions				
(**Mailing labels can be printed and r formatted for Avery 5160 labels. Rec should request the list and the emaile	ruiters/employers: If you wed mailing labels.)	rill be sending a m	ailing and wish	to have licensing info, you	
The NDMIRT Board Mailing I expiration date, disciplinary the licensee has agreed to be in provide Social Security Number 44-04-18.1 and NDCC 44-04-18.21, out.) *This may not be an all-i Mailing List database releas	List includes the nam actions, license statuncluded in the mailing lers, Birthdates, e-mail a Social Security Number and nclusive list as licens	e, license nunus (active/expist release). The addresses, or Foliation of the month of the control of the contro	nber, type of red) and (ho e NDMIRT B Phone Number are closed record	Flicense, issue date, ome address-only if oard does NOT ers. (According to NDCC ds and cannot be given	
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