



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 Email: info@ndmirtboard.com

North Dakota State Limited X-Ray Machine Operator Information

For **NEW applicants ONLY** (wishing to practice as a LXMO)

Note: This application is for NON-Imaging Personnel only (i.e.: nursing or allied health professionals) wishing to perform as a Limited X-ray Machine Operator (LXMO). All prerequisite requirements MUST be completed BEFORE requesting to take the State Examination administered by the ARRT.

***If applying for licensure reciprocity from another LXMO licensure state, please contact the Board Office directly.**

The North Dakota Medical Imaging and Radiation Therapy Board (NDMIRTB) has a contract with the American Registry of Radiologic Technologists (ARRT) to administer the LXMO Examination 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.rrt.org/State-Licensing/> and <https://www.rrt.org/videos>

NEW Applicants for the LXMO Licensing Examination MUST comply with the standards detailed by NDMIRTB 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 state LXMO 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.*

You are NOT able to perform imaging on humans without a ND License. (Note: you MUST have completed **ALL** prerequisite requirements: didactic and clinical competency experience before requesting the ARRT LXMO Examination.)

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

Brief Overview:

- 1) NDAC 114-02-01-02(3) must first meet eligibility requirements of required Allied Health profession or petition Board for approval (*please see website for more info regarding these requirements*).
- 2) Apply for a Conditional LXMO license to practice as a ND LXMO.
- 3) The Criminal History background check instructions and forms are available at the Board's website under the Licensure tab. If you would like to have them mailed or emailed to you, please contact the Board office. The completed forms must be returned to the Board office.
- 4) NDAC 114-02-01-02(2) requires completion of a structured academic program **and** demonstration of practical clinical competency documentation (forms supplied by NDMIRTB).
 - After applicant is approved and satisfactorily completed the structured academic program (proof submitted) the office will issue a Conditional LXMO License to begin the demonstration of the practical clinical competency. **However, the applicant may begin the application process and the CHRC (background check) process to help expedite licensure. The applicant MUST have completed their structured academic program and CHRC process before the Conditional License will be issued.**
 - Both the structured academic program and all of the clinical competencies MUST be completed **BEFORE** requesting to take the ARRT LXMO exam.
- 5) Upon completing all prerequisites and signing the **Completion Agreement**, an applicant may request the ARRT LXMO exam. (ARRT will decide if requirements and qualifications have been met.)
- 6) If met, NDMIRTB forwards application to ARRT.
- 7) Fees are payable directly to ARRT.
- 8) ARRT contacts the applicant with a 90 day window to take the exam. Exam results are sent to NDMIRTB.
- 9) Required exam modules: Core, Chest, Extremities, Skull/Sinus, and Spine.
- 10) NDMIRTB contacts applicant of pass/fail. If successfully passed, will receive full licensure as a ND LXMO.

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



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North Dakota Limited X-ray Machine Operator Examination & Licensure Application for NEW NON-Imaging Personnel only

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!**

OFFICE USE ONLY: RECEIVED _____ AMOUNT _____ CHECK # _____

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.)

Licensure Fees/Request of State Limited X-Ray Machine Operator Examination

Note: This application is for NON-Imaging Personnel only (i.e.: nursing or allied health professionals) wishing to perform as a Limited X-ray Machine Operator (LXMO). All prerequisite requirements MUST be completed BEFORE requesting to take the LXMO Examination administered by the ARRT.

- 1) Please list your current Allied Health Occupation: _____
- 2) If currently licensed, state ND Board/entity (license MUST NOT be restricted or encumbered), list Board: _____
ND License number: _____
- 3) 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.)*
- 4) Are you currently licensed in any other states (license MUST NOT be restricted or encumbered): _____ YES _____ NO
- 5) List all states you are currently licensed and include the license number: _____

***If applying by Endorsement from another licensure state: MUST submit direct verification of unrestricted and unencumbered license.**

****If applying by Endorsement from another NON-licensure state: must submit all required documentation of meeting substantially equivalent standards – this must be Board approved first.**

Conditional Limited X-ray Machine Operator Licensure Fee: _____ \$25 Application Fee _____ \$75 License Fee

Requirements: Completion of 1) prerequisite Allied Health eligibility per **NDAC 114-02-01-02(3)-(defined below)**, 2) structured academic program, 3) Criminal History background check, and 4) practical clinical competency requirements MUST be met BEFORE requesting the ARRT State LXMO Examination.



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The applicant may begin the application process and the CHRC (background check) process before finishing the academic program to help expedite licensure. The applicant MUST have completed their structured academic program and CHRC process before the Conditional License will be issued.

*The Conditional LXMO licensee must successfully pass the American Registry of Radiologic Technologists (ARRT) Limited X-Ray Machine Operators Examination (LXMO) required modules to transition to full LXMO licensure. (Required exam modules: Core, Chest, Extremities, Skull/Sinus, and Spine.)

The North Dakota Medical Imaging and Radiation Therapy Board (NDMIRTB) has a contract with the American Registry of Radiologic Technologists (ARRT) to administer the Limited X-Ray Machine Operators (LXMO) Examination modules to NON-Imaging individuals wishing to perform Limited Scope X-Ray examinations in North Dakota.

Applicants for a North Dakota State LXMO 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.

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

Fees payable directly to ARRT online for ARRT state LXMO examination (instructions supplied after eligibility).

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: _____

***NDAC 114-02-01-02(3) states:** 3. To be eligible for licensure as a limited x-ray machine operator after completing the requirements of subsection 2, an applicant shall hold at least one of the following licenses: a. Medical technologist, medical laboratory technician, or clinical laboratory technician; b. Occupational therapist or occupational therapy assistant; c. Physical therapist or physical therapy assistant; d. Physician assistant or orthopedic physician assistant; e. Registered nurse or licensed practical nurse; f. Otherwise, an individual may petition the board for licensure if the individual's education background is substantially similar to the above.

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 licensing fee.
- Copy of completed, Board approved, structured academic program.
- 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 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?