



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 MRI Conditional Licensure Application/Information

Note: You MUST hold at least one current Primary Modality ND License with a national registry to qualify to apply for a ND MRI (Magnetic Resonance Imaging) Conditional License.

There is no fee/charge for this. Conditional license valid for two years and maybe renewed once or upon Board approval. (Must provide documentation to renew.)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

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: _____ ND License #: _____ Date of Birth: _____

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.)

NO Fees – this is only a tracking mechanism

Due to 2017 Legislation, NDCC 43-62-14, MRI registry is Mandatory. <http://www.legis.nd.gov/cencode/t43c62.pdf?20151008105050>

You must submit the following:

*Complete this form. There is no fee.

*Request your employer to submit a letter stating you will be working toward registry for the MRI Technologist modality. It can be emailed or mailed.

*Submit proof of eligibility to take the examination. This can be a printout of your online profile with the registry.

Employment Information

Employer: _____ Work Phone: _____

Address: _____ Country: _____

City/State: _____ Zip: _____ Supervisor Name: _____

Disclaimer and Signature

All applicants please read and sign/date the statement below. All applicants will be null and void unless properly signed and dated. I hereby submit this application 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: _____

Upon passing your MRI national registry exam simply request a new license and show proof of MRI credential earned. A copy of your card or other **ARRT** (American Registry of Radiologic Technologists) or **ARMRIT** (American Registry of Magnetic Resonance Imaging Technologists) documentation of passing the exam and a request via mail or email to update your license. A new license certificate will be sent to you at NO additional cost.

Continuing Education (CE) compliance begins after completing the MRI registry as a requirement of your state MRI licensure (please see website for more information).

****NO action is needed, if you currently have the MRI registry and are actively practicing. It should be displayed on your license.****