



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 Bone Densitometry Equipment Operator (BDEO) Information

Note: This application is for NON-Imaging Individuals only (i.e.: nursing or research professionals) wishing to perform Bone Densitometry Imaging. If you currently hold a ND License in any of the (6) six Primary Modalities there is NO additional fee for you. The office only tracks this information. However, you do need to obtain 5 hours of CE during your ND licensure cycle pertinent to Bone Densitometry.

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

There are two options available for North Dakota registry: Option 1) state-contracted exam with ARRT OR Option 2) registry exam from the International Society for Clinical Densitometry (ISCD).

All prerequisite requirements MUST be completed BEFORE requesting to take the State Examination administered by the ARRT.

- Applicant must have arrangements in place to perform the clinical competency requirements ahead of time and inform the Board of what/where the facility will be utilized.
- The Board strongly encourages not to have more than one individual completing clinicals at a time, as this could cause too much competition in completing examinations in small low-volume department.

Option 1: The North Dakota Medical Imaging and Radiation Therapy Board (NDMIRTB) has a contract with the American Registry of Radiologic Technologists (ARRT) to administer the ARRT Examination (as our state exam) to individuals who meet the minimum standards detailed on the ARRT website for State licensing, [State Licensing Handbooks - ARRT](#).

Applicants for a North Dakota State Licensing Examination MUST comply with the standards detailed by NDMIRTB to obtain a **Conditional ND Bone Densitometry License**, complete the appropriate forms, and clinicals as required, 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 Bone Densitometry Equipment Operator (BDEO) 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.*

Option 2: If choosing to take the registry with the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologist (CBDT), the applicant must contact that registry directly for registry exam requirements; [Certified Bone Densitometry Technologist \(CBDT®\) - ISCD](#).

You MUST meet eligibility requirements and complete a **Conditional ND Bone Densitometry License Application. This will allow you to practice bone densitometry, perform the required clinicals, and to meet registry experience requirements.*

Contact ISCD directly for fees and arrangements to take the exam. NDMIRTB does not have an affiliation/contract with ISCD.

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

If you currently have the ISCD registry in good standing, 1) complete the application, 2) submit the fees, and 3) complete the required Criminal History Record background Check (CHRC) forms. If currently certified and in good standing by the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologists (CBDT), you must include a copy of your current ISCD Certification card.

Must comply with continuing education requirements for renewal every 2 years.

You are not able to perform Bone Densitometry imaging on humans without a ND License.



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Brief Overview:

- **Applicant must have arrangements in place to perform the clinical competency requirements ahead of time and inform the Board of what/where the facility will be utilized.**
- The Board strongly encourages not to have more than one individual completing clinicals at a time, as this could cause too much competition in completing examinations in small low-volume department.
 - 1) Applicant reviews and chooses which registry **option 1) or option 2).**
 - 2) NDAC 114-02-01-03 must first meet eligibility requirements of required Allied Health profession or petition Board for approval (*please see website for more info regarding these requirements*). **-this MUST be approved BEFORE beginning the licensure process.**
 - 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 114-02-01-03 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 BD 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 BDEO exam, if choosing Option 1
- 5) If choosing contracted ARRT state registry exam **option 1**, NDMIRTB forwards application to the ARRT.
- 6) ARRT contacts the applicant with a 90-day window to take the exam.
- 7) ARRT exam results are sent to NDMIRTB and NDMIRTB contacts applicant of pass/fail.

If choosing ISCD registry **option 2**, all communication is directly between you and the ISCD. **NDMIRTB does not have an affiliation/contract with ISCD.**

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



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North Dakota Bone Densitometry Equipment Operator Licensure Application **for NON-Imaging Individuals ONLY**

You are not able to perform Bone Densitometry imaging on humans without a ND License.

OFFICE USE ONLY: RECEIVED _____ AMOUNT _____ CHECK # _____

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!**

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.)

Please list your current Allied Health Occupation: _____

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

Licensure Fees/Request of State Bone Densitometry Examination

*(Note: This application is **for NON-Imaging Individuals only** wishing to perform Bone Densitometry Imaging. If you currently hold a ND License in any of the 6 **Primary** Modalities there is NO additional fee for you. The office only tracks this information. However, you do need to obtain 5 hours of CE during your ND licensure cycle pertinent to Bone Densitometry.)*

Initial ND Bone Densitometry Licensure Fee: _____ \$25 Application Fee _____ \$75 License Fee

The Board may issue an initial license to an applicant who is currently certified and in good standing by the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologists (CBDT). This is not a Conditional Licensure.

Must currently hold certification from the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologists (CBDT). *Must include a copy of your current ISCD Certification card.

(This must be completed BEFORE applying for an initial ND BD Licensure, if in the process of earning certification then choose the Conditional ND BD Licensure below.)

Conditional ND Bone Densitometry Licensure Fee: _____ \$100.00 Fees



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Please circle which registry option you have chosen:

Option 1 – ARRT

Option 2 – ISCD

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

Applicants for a North Dakota State Licensing Examination **MUST** comply with the standards detailed by NDMIRTB to obtain a **Conditional ND Bone Densitometry License**, complete the appropriate forms, approved didactic education program and clinicals as required, along with the appropriate fee, to apply for eligibility to take the ND State Licensing Examination administered by the ARRT.

Option 1: Completion of 1) prerequisite Allied Health eligibility per NDAC 114-02-01-03 (2)(3), 2) complete the Conditional BD Application and required Criminal History Record check, 3) submit all fees and successfully pass the American Registry of Radiologic Technologists (ARRT) Bone Densitometry Equipment Operators Examination (BDEO).

The North Dakota Medical Imaging and Radiation Therapy Board (NDMIRTB) has a contract with the American Registry of Radiologic Technologists (ARRT) to administer the Bone Densitometry Equipment Operators (BDEO) Examination to **NON-Imaging individuals** (i.e.: nursing or research professionals) wishing to perform Bone Densitometry examinations in North Dakota. (Fees payable directly to ARRT online for ARRT Bone Densitometry Equipment Operator (BDEO) examination (instructions supplied after eligibility).

Option 2: Completion of 1) prerequisite Allied Health eligibility per **NDAC 114-02-01-03 (2)(3)**, 2) complete the Conditional BD Application and required Criminal History Record check, 3) submit all fees and successfully pass the International Society for Clinical Densitometry (ISCD) as a Certified Bone Densitometry Technologist (CBDT). **The Conditional license will allow you to practice bone densitometry to meet ISCD registry experience requirements and clinicals.**

*If choosing to take the registry with the (ISCD) as a Certified Bone Densitometry Technologist (CBDT), the applicant must contact that registry directly for registry exam requirements. **All fees and arrangements contact ISCD directly.** NDMIRTB does not have an affiliation/contract with ISCD. *(Must have a ND Conditional BDEO to perform clinicals.)*

NDAC 114-02-01-03 (2)(3) states: 2. To be eligible for licensure as a bone densitometry technologist after completing the requirements in subsection 1, the applicant shall hold at least one of the following licenses: a. Medical technologist, medical laboratory technician, or clinical laboratory technician; 5 b. Occupational therapist or occupational therapy assistant; c. Physical therapist or physical therapy assistant; d. Physician assistant or orthopedic physician assistant; or e. Registered nurse or licensed practical nurse.

3. Otherwise, an individual may petition the board for licensure if the individual's education or research background is substantially similar to subdivisions a through e of subsection 2.

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



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*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.**

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: _____

Please review before submitting your application:

Have you included the following?

_____ A completed and signed application.

_____ If applicable, Board approved petition of an Allied Health profession not listed in Administrative Rules, this approval must come **BEFORE** completing a Board approved didactic education program.

_____ A check or money order payable to **NDMIRTB** for the appropriate ND licensure fee of \$100, be sure to sign check/money order and date it.

_____ Copy of completed, Board approved, structured academic Bone Densitometry program.

_____ Included medical facility(s) where clinicals will be performed and name of main clinical coordinator/preceptor; applicants' responsibility to make their own arrangements for clinicals.

_____ 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 currently certified and in good standing by the International Society for Clinical Densitometry (ISCD) as a Certified Densitometry Technologists (CBDT), you must include a copy of your current ISCD Certification card.

_____ 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 state and/or Board, have you contacted that Board and/or State for verification **directly**; this verification must come from that Board of an unrestricted and unencumbered state license.