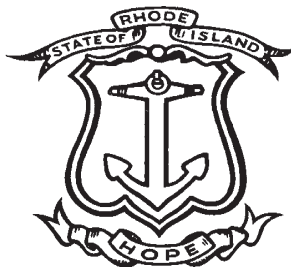


FOR OFFICE USE ONLY

Radiologic Tech Checklist

- Endorsement Examination
- Grad Status Grad Transcript
- App. & Fee
- ARRT Education Cert.
- NMTCB Verification Form
- Lic. Verification from other States



FOR OFFICE USE ONLY

Application Approved:

License Number:

Issue Date:

Grad License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island
Board of Radiologic Technology**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

License # _____

Name _____

- Radiographer
- Nuclear Medicine Technologist
- Radiation Therapist
- Supplemental CT
- Endorsement** **Examination**
- Graduate Status Yes No

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSE INFORMATION

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark N/A for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

License Application Requirements and Checklist

- Completed application (pages 5-8). Respond to all components of the application as instructed. If you attach additional separate pages, the pages must clearly indicate the section for which the information is being reported.
- Non-Refundable application fee - Make check or money order (in U.S. funds only) for the appropriate application fee below payable to Rhode Island General Treasurer and staple it to the upper left hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.

Nuclear Medicine Technologist	\$85.00
Radiation Therapist	\$85.00
Radiographer	\$60.00
- Completed Supplemental CT application (page 8) (if applicable) and fee of **\$50.00** made out to Rhode Island General Treasurer
- ARRT or NMTCB certification. If we are unable to verify your certification on the applicable Organization's website, we will contact you to provide proof of your certification to the Department.

Endorsement Candidates

- All of the above license application requirements.
- Verification of licensure sent directly to the Department of Health from other state(s) boards in which applicant holds or has held a license. Please send the license verification form on page 7 to all states in which applicant holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verification directly from the licensing authority in each state.

Graduate Status Applicants

- Completed application and appropriate application fee (**from the fees listed above**) payable to Rhode Island General Treasurer and staple it to the upper left hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
- A completed official transcript must be sent directly from the accredited school of Radiologic Technology to the address listed below. No student copies will be accepted.

Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Mail completed application and documents to:

**Rhode Island Department of Health
Board of Radiologic Technology, Room 104
3 Capitol Hill
Providence, RI 02908-5097**

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the following web site. From the list click on your profession.

<http://www.health.ri.gov/licenses/>

Title 5, Chapter 68, entitled: Board of Radiologic Technology can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title5/5-68/INDEX.HTM>

Application Process

All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/Professions.pdf>

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<https://healthri.mylicense.com/Verification/>

If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.



State of Rhode Island Board of Radiologic Technology

Application for License as a Radiographer, Nuclear Medicine Technologist or Radiation Therapist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Home Phone

State

Zip Code

Postal Code, If NOT U.S.

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address

(ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

Business Fax

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state, or local statute, regulation, or ordinance, or are there any formal charges pending?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, affirm that the information provided on my application form and documentation provided to support my application is true, accurate and unaltered. I acknowledge that pursuant to R.I.G.L. 11-18-1, knowingly making a false statement on my application form is punishable as a misdemeanor and that such an act shall constitute case for denial, suspension or revocation of my license/permit to practice Radiologic Technology in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Radiologic Technology of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Rhode Island Board of Radiologic Technology

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Radiographer/Nuclear Medicine Technologist/Radiation Therapist in the State of Rhode Island. The Rhode Island Board of Radiologic Technology requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Radiologic Technology at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

THIS SECTION TO BE COMPLETED BY THE Radiologic Technology BOARD

License Status:
 Active Inactive Lapsed Other (Specify) _____

Original Date Issued:

Expiration Date:

Questions:

- 1. Has this licensee ever been investigated by your Board? Yes No
- 2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- 3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- 4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature

Date

Type or Print Name

Title

Full Name and State of Licensing Board



Please return directly to the Board at the above address. Thank you for your prompt cooperation.

Please check level of licensure you are applying for:

____ Radiographer

____ Nuclear Medicine Technologist

____ Radiation Therapist



Rhode Island
Board of Radiologic Technology
Room 104
3 Capitol Hill
Providence, RI 02908-5097

- Diagnostic
 Non-diagnostic

Supplemental Computed Tomography (CT) Certification Application

Name: _____
Full Name (Please Print or Type)

Current RI License Number: _____
(if applicable)

Home Address: _____
(Number and Street)

(City, State, and Zip Code)

(Home Phone)

(Business Phone)

- I am applying for CT (diagnostic). I am currently certified by the American Registry of Radiologic Technologists (ARRT) in Computed Tomography (CT). I have contacted ARRT to request verification of the CT certification to be sent to the RI Board of Radiologic Technology. I am aware that verification must be sent directly from the ARRT to the RI Board.

OR

- I am applying for CT (non-diagnostic). I have provided a copy of my training certificate for this registration.

The fee to apply for either the diagnostic or non-diagnostic CT is fifty dollars (\$50.00), payable to "RI General Treasurer", check or money order.