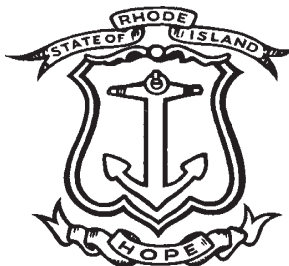


FOR OFFICE USE ONLY

Radiologic Tech Checklist

- Endorsement Examination
- Grad Status
- App. & Fee
- Date: _____ Check _____
- Photo
- Transcript or ARRT Letter
- Exam Results from ARRT
- Resume
- 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 205
3 Capitol Hill
Providence, RI 02908-5097

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

- Radiographer
- Nuclear Medicine Technologist
- Radiation Therapist
- Endorsement**
- Examination**

Graduate Status Yes No

License # _____
Name _____

Applicant - Print Name (First/MI/Last)

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Interstate Verification Form - Other State License(s).....	10
Nuclear Medicine Technologist Verification of Certification Form.....	11

Licensure Requirements

- A non-refundable application fee of **\$90.00**.
- Recent 2x2 photograph of yourself
- A chronological resume of experience
- Official transcripts from an accredited school indicating successful completion of a training program as a radiographer, a radiation therapist or a nuclear medicine technologist**
- Score/verification of completion of the national certification examination given by the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB).

** In lieu of submittal of an official transcript, an applicant may request an original certification from the AART or NMTCB verifying that you are a graduate of an educational program approved by the ARRT or NMTCB. Such certification must be sent directly from the above agency to this office.

Note: For radiographers and radiation therapists applicants, if you choose this option, please note the certification from the ARRT must also include the score/verification of your national certification examination. For nuclear medicine technologists applicants, you must use the "Nuclear Medicine Technologist Verification of Certification" form on page (11) of this application.

Endorsement Candidates

- Verification of licensure sent directly from other state(s) boards in which applicant holds or has held a license to the Rhode Island Department of Health.

Rules and Regulations/Laws

"To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Program page at the following web site. From the list click on the letter for your profession

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

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 OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), and the Rhode Island Board of Radiologic Technology.

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. 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.

Licenses will be issued within 7-10 working days following approval of the 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/hsr/professions/rad_tech.php

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

www.health.ri.gov/forms/changeofaddress/professions.pdf

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. 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) 222-2837.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

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.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$90.00** 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.
3. Affix a recent **2 X 2 photo** of yourself in the space provided.
4. A completed official transcript **sent directly** from the accredited school of **Radiologic Technology** to the Board of Radiologic Technology. No student copies will be accepted. *Please Note:* If the ARRT or the NMTCB verifies that you are a graduate of a program approved by the ARRT or NMTCB, you are not required to submit transcripts.
5. Examination scores/cerification **sent directly** from the **ARRT or NBTCB** to the Board of Radiologic Technology.
6. **(Endorsement Candidates):** Please send the license verification form on page 10 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 verifications **directly** from the licensing authority in each state.
7. Mail the application and documentation to:

**Rhode Island Department of Health
Board of Radiologic Technology, Room 205
3 Capitol Hill
Providence, RI 02908-5097**



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

 / / **1** **9**

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 in the presence of a notary public.

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

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Radiographer/Nuclear Medicine Technologist/Radiation Therapist 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)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the "Instructions for Completing the Application".
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- I have attached a photograph to Section 14, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the: "**Rhode Island General Treasurer**" in the amount of **\$90.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) and pages 5-8.
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]

I have mailed the above application materials directly to the Rhode Island Board of Radiologic Technology.

Required Forms

- I have completed and mailed the following forms as instructed.
 1. Interstate Verification Form(s) - Other State License(s).

Other Documents

- I have requested a school transcript and my examination score, as instructed.

