

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

Attestation of Employee Training

This attestation applies to persons engaged in Radiation Therapy, Radiologic Imaging, Computed Tomography or Fluoroscopy as part of his or her employment on or before January 1, 2020. Or, a person who does not hold a license or limited license applying to take X-ray photographs under the supervision of a physician or physician assistant as part of his or her employment or service as an independent contractor in a rural health clinic or federally-qualified health center pursuant to NRS 653.620. He or she must:

- Submit this attestation to the Division as proof of completed training in radiation safety and proper positioning for X-ray photographs provided by the holder of a license.
- Select the Modality and describe the Scope of Practice engaged in on or before January 1, 2020. Applicant cannot expand their scope of practice as of January 1, 2020.

Employed in modality on or before 01/01/2020? (Check one): Yes No

Please Select the appropriate Modality and include a description of your Scope of Practice:

Registrations:

Computed Tomography

Fluoroscopy

Limited License:

Chest

Extremity

Spine

Skull / Sinus

Foot /Ankle

Bone Densitometry

License:

Radiation Therapy

Nuclear Medicine

Radiologists Assistant

Radiology

Description of Scope of Practice:

Applicant's First Name	Last Name	MI.	SSN: ¹
Street Address	City	State	Zip Code
Name of Employer			
Employer's Address	City	State	Zip Code
Phone Number	Fax Number	Email Address	

¹ Required pursuant to NRS 653.550(1)(a).

The Signee below must be a license holder.

I attest that the applicant listed has completed training in radiation safety and proper positioning for X-ray photographs pursuant to NRS 653.620 (1)(b), in the modality indicated above.

Name: _____ Title: _____
 (Printed)

Signature: _____ Date: _____