Clear Form

Radiation Control Program

Registration Form for the holder of license to engage in Computed Tomography for the purpose of qualifying for certification

A holder of a license who is not certified by the American Registry of Radiologic Technologists, or the Nuclear Medicine Technology Certification Board, in computed tomography may perform computed tomography pursuant to NRS 653.630 (4) if he or she:

a) Performs computed tomography to qualify for certification by the American Registry of Radiologic Technologists, or its successor organization, or the Nuclear Medicine Technology Certification Board, or its successor organization, in computed tomography; and
b) Registers with the Division before performing computed tomography.
c) Submits this application and any required documentation to *DPBH, Radiation Control Program* 675 Fairview Dr., Ste. 218 Carson City, Nevada 89701.

Upon approval of your application, you will be issued a Registration Certificate. This registration certificate is valid only in conjunction with the applicants currently held licensure.

Scope of Practice that this application is for: ☐ **Computed Tomography**

_____
Applicant's last Name First name MI. SSN:[1]

_____
Street Address City State Zip Code

_____
Name of Employer

_____
Employer Address City State Zip Code

_____
Phone Number Fax Number Email Address

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

ATTESTATION

I,_____, attest that I am the person described and identified in this application; that I have answered all questions in this application truthfully and completely; that any furnished supporting documentation is accurate to the best of my knowledge. I understand that prior to making a determination regarding my application, the Division may require additional information from me.

Name: _____ Date: _____

Nevada State Division of Public and Behavioral Health
675 Fairview Dr., Ste 218 – Carson City, Nevada 89701
Tel: (775) 687-7550 – *Fax*: (775) 687-7552