



# Radiation Control Program Registration Application

Registration Form for the holder of license or limited  
license to practice outside scope of practice



A holder of a license or limited license may engage in radiation therapy or radiologic imaging outside the scope of practice authorized for his or her license or limited license pursuant to NRS 653.610 (2) if he or she:

- a) Submits this form to Register or Renew Registration with the Division and proof of enrollment in a program to qualify for certification by a national accrediting organization in that area to obtain a license or limited license certification and;
- b) The licensee registers with the Division before engaging in such activity.

Submit this application and any required documentation to the Radiation Control Program, Division of Public and Behavioral Health 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.

Please select the appropriate Scope of Practice that this application is for:

A License holder may fill out this Registration form and select from below the scope of practice needed that is "outside" of their current license endorsement. The applicant will be issued a "Registration Certificate" with the endorsement they selected below.

- Nuclear Medicine
- Radiation Therapy
- Radiologists Assistant
- Radiography

A Limited License holder may fill out this Registration form and select from below the scope of practice needed that is "outside" of their current limited license endorsement. The applicant will be issued a "Registration Certificate" with the endorsement they selected below.

- Fluoroscopy
- Bone Densitometry
- Chest
- Extremity
- Spine
- Skull / Sinus
- Foot / Ankle

Applicant's Last Name	First Name	MI.	SSN: <sup>1</sup>
Street Address	City	State	Zip Code
Phone Number	Email Address		

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Name of Employer

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Employer's Address

City

State

Zip Code

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Phone Number

Fax Number

Email Address

<sup>1</sup>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: \_\_\_\_\_