



# Radiation Control Program

## 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:

- a) Necessary to qualify for certification by a national accrediting organization in that area; and
- b) The licensee registers with the Division before engaging in such activity.

Submit 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

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Fluoroscopy       | <input type="checkbox"/> Nuclear Medicine       | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> Radiologists Assistant |                                    |

Applicant's last Name	First name	MI.	SSN: <sup>1</sup>
Street Address	City	State	Zip Code
Name of Employer			
Employer's Address	City	State	Zip Code
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: \_\_\_\_\_