



Radiation Control Program Limited License Application



**Please Choose the appropriate license that this application is for:
(check scope of limited license in radiography)**

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

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE INITIAL	
NAME ON CREDENTIAL ¹		SSN: ²	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
NAME OF CURRENT EMPLOYER	EMPLOYER'S ADDRESS	PHONE NUMBER	

If applying to schedule the ARRT Limited License Exam and submit documentation showing compliance with the course of study required pursuant to NRS 653.520. The RCP will contact you to schedule the exam.

- Submit a copy of current credentials as described in NRS 653.520.
- Or: Submit endorsement in accordance with provisions in NRS 653.530.
- Submit nonrefundable check payable to *DPBH, Radiation Control Program* in the amount of \$200.

PERSONAL DATA		Y	N
1.	Within the past 10 years, was your certificate or license suspended, revoked, restricted, or denied in any state, federal or foreign jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Within the past 10 years, were you disciplined for unprofessional conduct such as patient abuse, incompetence, negligence, or unsafe practices?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Within the past 10 years, were you convicted of a felony, or named in any past or pending civil suit alleging incompetence or negligence in the care of others?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you presently afflicted by any medical condition which may impair your ability to practice with reasonable skill and safety?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to any of questions 1 through 4, submit an explanation with this application. ³

¹ If different, submit copy of marriage license, court decree, etc.

² Required pursuant to NRS 653.550(1)(a).

³ A YES answer does not necessarily preclude licensure.

CHILD SUPPORT INFORMATION ⁴

- I am **NOT** subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order, or am in compliance with a plan approved by the district attorney (or other public agency enforcing the order for the repayment of the amount owed pursuant to the order); or
- I am subject to a court order for the support of one or more children and am **NOT** in compliance with the order or plan approved by the district attorney (or other public agency enforcing the order for the repayment of the amount owed pursuant to the order).

⁴ This application cannot be processed until the applicant checks the appropriate box.

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 the 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.

SIGNATURE

DATE