



Radiation Control Program

RRA, Radiation Therapist, Radiology Technologist,
Nuclear Medicine Technologist

License Application



Please Choose the appropriate license that this application is for: (check all that apply)

RRA Radiation Therapist Radiology Technologist Nuclear Medicine Technologist

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	

- Submit copy of current and valid credentials pursuant to NRS 653.510. ³
- Or: Submit documentation for endorsement pursuant to NRS 653.530, NRS 653.540.
- Submit nonrefundable check payable to *DPBH, Radiation Control Program* in the amount of \$200.
- Do you possess a Mammographers Certificate issued by the State of Nevada?

Yes, M# _____ No

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. ⁴

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

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

- ³ Include proof of:
- (a) Accreditation by recognized credentialing institution (*i.e.*, ARRT, NMTCB) or one approved by the Division or
 - (b) Successful completion of an educational program approved by the Division, or
 - (c) Endorsement as approved by the Division.

⁴ A **YES** answer does not necessarily preclude licensure.

CHILD SUPPORT INFORMATION ⁵

- 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).

⁵ 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