



ATTESTATION FORM FOR LICENSE/ LIMITED LICENSE/ RURAL AUTHORIZATION (SB130 sec. 75)

I attest that I have reviewed the state of Nevada requirements as indicated in SB130 and that the following person has been appropriately trained in the modality indicated for positioning, radiation safety and machine operation.

Name of Applicant: _____

Employed on or before 01/01/2020? (Check one): **YES** **NO**

Name of facility where applicant is employed: _____

Modality the applicant is trained in (please Check):

LIMITED LICENSE: CHEST EXTREMITY SPINE SKULL/SINUS
 BONE DENSITOMETRY FLUOROSCOPY CT

FULL LICENSE (ALL IMAGING AND THERAPY PROCEDURES)

Name and Title of person attesting to training (registrant/licensee or designated responsible individual):

Name: _____ Title: _____

Signature: _____ Date: _____