



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		
STREET ADDRESS	CITY	STATE
		ZIP CODE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
NAME OF CURRENT EMPLOYER	EMPLOYER'S ADDRESS	PHONE NUMBER

- Submit a copy of current credentials as described in SB130, Section 37.
- Or: Submit endorsement in accordance with provisions in SB130 section 39.
- Or: If employed on January 1, 2020, a signed attestation form.
- Submit non-refundable check payable to the 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?		
2.	Within the past 10 years, were you disciplined for unprofessional conduct such as patient abuse, incompetence, negligence, or unsafe practices?		
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?		
4.	Are you presently afflicted by any medical condition which may impair your ability to practice with reasonable skill and safety?		

If **YES** to any of questions 1 through 4, submit an explanation with this application. ²

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

² A YES answer does not necessarily preclude licensure.

CHILD SUPPORT INFORMATION⁴

- 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