



Radiation Control Program Temporary Student License Application



APPLICANT'S LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY	STATE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
NAME OF CURRENT EMPLOYER	FAX NUMBER	E-MAIL ADDRESS
NAME OF PROGRAM STUDENT ENROLLED IN		

- Submit a copy of student enrollment paperwork as described in Senate Bill 130, Section 42 (3).
- Submit non-refundable check payable to *Radiation Control Program* in the amount of \$25.00

	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. ¹

¹ A **YES** answer does not necessarily preclude licensure

CHILD SUPPORT INFORMATION ²

- 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).

² This application cannot be processed until the applicant checks the appropriate box.

ATTESTATION

I, _____, attest that I am the person described and 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