

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Division of Public and Behavioral Health

Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

Attestation of Employee Training

This attestation applies to persons engaged in Radiation Therapy, Radiologic Imaging, Computed Tomography or Fluoroscopy as part of his or her employment on January 1, 2020. Or, a person who does not hold a license or limited license applying to take X-ray photographs under the supervision of a physician or physician assistant as part of his or her employment or service as an independent contractor in a rural health clinic or federally-qualified health center pursuant to NRS 653.620. He or she must:

- Submit this attestation to the Division as proof of completed training in radiation safety and proper positioning for X-ray photographs.
- Select the Modality below and describe the scope of practice or duties engaged in on January 1, 2020. Applicant cannot expand their scope of practice or duties as of January 1, 2020.

Employed in modality on 01/01/2020? (Check one): ☐ Yes ☐ No

Please select the appropriate modality below and include a description of your duties or scope of practice as applicable, engaged in on 1/1/2020:

Applying for Registration in:

☐ Computed Tomography ☐ Fluoroscopy

Applying for a Limited License in:

☐ Chest ☐ Extremity ☐ Spine ☐ Skull / Sinus ☐ Foot /Ankle
☐ Bone Densitometry

Applying for a License in:

☐ Radiation Therapy ☐ Nuclear Medicine ☐ Radiologists Assistant
☐ Radiology

Describe your scope of duties (scope of practice, as applicable).

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 any 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: _____

Applicant's First Name Last Name MI. SSN or APIN:¹

Street Address City State Zip Code

Name of Employer

Employer's Address City State Zip Code

Phone Number Fax Number Email Address

¹ Required pursuant to NRS 622.238(3) and 653.550(1)(a).

This section must be completed by senior management or designee.

The signee below must hold a license issued by the Division for the modality indicated, or hold appropriate credentials, or have direct experience to verify the applicant's scope of practice or duties. Submit a copy of any documentation or information used to verify the training of the applicant. Submit a copy of your license, any credentials, or describe your direct experience based on the modality verified.

☐ I attest that the applicant listed has completed training in radiation safety and proper positioning for X-ray photographs pursuant to NRS 653.620 (1)(b), in the modality indicated above.

Attestor's Name: _____ Title: _____
(Printed)

Attestor's Signature: _____ Date: _____

A copy of this Attestation can be presented at time of inspection by the Division to serve as documentation that satisfies the requirements of NAC 459.552(3)(4). Persons who will be operating the X-ray system must be adequately instructed in the safe operating procedures and be competent in the safe use of the equipment.