



# Radiation Control Program License Application Form

New                      Renewal                      Update

The Division may issue a license to engage in radiation therapy and radiologic imaging to a person who has successfully completed an accredited educational program and is certified by the American Registry of Radiologic Technologists to practice in the area of radiography, nuclear medicine technology or radiation therapy or meets any alternative standards prescribed by regulation of the Board. Pursuant to NRS 653.500, he or she must:

- a) Submit this application to the Division for the issuance or renewal of a license.
- b) Submit a copy of current and valid credentials pursuant to NRS 653.510.
- c) Or: Submit documentation for endorsement pursuant to NRS 653.530, NRS 653.540
- d) Submit to the Division a signed "Attestation of Safe Injection Training" form confirming knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention.  
For access to the Safe Injection Training, please contact Kimisha Causey at [kcausey@health.nv.gov](mailto:kcausey@health.nv.gov), if needed.
- e) If renewing licensure, submit either ARRT and/or NMTCB compliant verification page or proof of completing 24 continuing education credits relating to category A or A+, by an approved National Professional Organization.
- f) Provide any additional information requested by the Division.
- g) Submit this application and required documentation to: Radiation Control Program, Division of Public and Behavioral Health 675 Fairview Dr., Ste 218 Carson City, Nevada 89701.
- h) A nonrefundable payment of \$200 (Check or Money Order) is required unless this is an additional application for licensure, and you hold a paid for license or mammography certificate. Include payment as required with this application. Please contact the Radiation Control Program with any questions.

Upon approval of your application, you will be issued a License as applicable. This registration expires 2 years after the date on which it was issued and must be renewed on or before that date.

Please Select the appropriate licensing that applies to you (select all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Nuclear Medicine Technologist | <input type="checkbox"/> Radiology Technologist |
| <input type="checkbox"/> Radiation Therapy             | <input type="checkbox"/> CT                     |
| <input type="checkbox"/> Radiologists Assistant        | <input type="checkbox"/> Fluoroscopy            |

Do you currently possess a Mammographer's Certificate issued by the State of Nevada?

Yes, M# \_\_\_\_\_  No

Applicant's Last Name <sup>1</sup>	First Name	MI.	SSN or	APIN <sup>2</sup>
Street Address	City		State	Zip Code
Phone Number	Email Address			
Name of Employer				
Employer's Address	City		State	Zip Code
Phone Number	Fax Number	Email Address		

<sup>1</sup> If different from credentials, submit copy of marriage license, court decree, etc.

<sup>2</sup> Required pursuant to NRS 622.238(3) and 653.550(1)(a).

<b>PERSONAL DATA</b>		Y	N
1	Within the past 10 years, were you suspended from work, been restricted in job duties, or denied by state, federal or foreign jurisdiction from performing your job?	<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. A YES answer does not necessarily preclude licensure.

**CHILD SUPPORT INFORMATION <sup>3</sup>**

- 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).

<sup>3</sup> 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 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: \_\_\_\_\_