



Radiation Control Program Limited License Form



New

Renew

Update

The Division may issue a limited license to engage in radiologic imaging to a person who has completed a course of study in limited X-ray machine operation that incorporates the Limited X-Ray Machine Operator Curriculum prescribed by the American Society of Radiologic Technologists, or its successor organization, and satisfies the provisions of NRS 652.520, he or she must:

Check if applying to schedule an ARRT Limited License Exam. Submit documentation showing compliance with the course of study required pursuant to NRS 653.520. Do not send payment. The RCP will contact you to verify your course work and coordinate your taking the ARRT Limited License Exam.

- a) Submit this application to the Division for the issuance or renewal of a limited license.
- b) Submit a copy of current and valid credentials pursuant to NRS 653.520.
- 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, if needed.
- e) If renewing licensure, submit either ARRT verification, NMTCB verification, or proof of completing 20 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 Limited 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 limited licensing that applies to you (select all that apply):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Chest | <input type="checkbox"/> Podiatric |
| <input type="checkbox"/> Extremity | <input type="checkbox"/> Bone Densitometry |
| <input type="checkbox"/> Spine | <input type="checkbox"/> CT / Fluoroscopy* |
| <input type="checkbox"/> Skull/Sinus | |

* Authorization to engage in CT / Fluoroscopy is determined on a case by case basis.

Applicant's Last Name ¹	First Name	MI.	SSN or	APIN ²
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		

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

² Required pursuant to NRS 622.238(3) and 653.550(1)(a).

PERSONAL DATA		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 ³

- 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).

³ 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: _____