

Radiation Control Program Registration Application

Registration Form for the holder of license or limited license to practice outside scope of practice



A holder of a license or limited license may engage in radiation therapy or radiologic imaging outside the scope of practice authorized for his or her license or limited license pursuant to NRS 653.610 (2) if he or she:

- a) Submits this form to Register or Renew Registration with the Division and proof of enrollment in a program to qualify for certification by a national accrediting organization in that area to obtain a license or limited license certification and;
- b) The licensee registers with the Division before engaging in such activity.

Submit this application and any required documentation to the Radiation Control Program, Division of Public and Behavioral Health 675 Fairview Dr., Ste 218 Carson City, Nevada 89701. Upon approval of your application, you will be issued a registration certificate. This registration certificate is valid only in conjunction with the applicants currently held licensure.

Please select the appropriate Scope of Practice that this application is for:

A License holder may fill out this Registration form and select from below the scope of practice needed that is "outside" of their current license endorsement. The applicant will be issued a "Registration Certificate" with the endorsement they selected below.

Nuclear Medicine
 Radiation Therapy
 Radiologists Assistant
 Radiography

A Limited License holder may fill out this Registration form and select from below the scope of practice needed that is "outside" of their current limited license endorsement. The applicant will be issued a "Registration Certificate" with the endorsement they selected below.

- Fluoroscopy
 Bone Densitometry
 Chest
 Extremity
 Spine
- Spine
- □ Skull / Sinus
- Foot / Ankle

Applicant's Last N	ame First Name	MI.	SSN or TIN:1	
Street Address	City	State	Zip Code	
Phone Number		Email Ad	Email Address	
Page 1 of 2	Nevada State Division of Public and Behavio 675 Fairview Dr., Ste 218 – Carson City, Nev		Rev.07/2021	

Tel: (775) 687-7550 - Fax: (775) 687-7552

Name of Employer			
Employer's Address	City	State	Zip Code
Phone Number	Fax Number	Email Address	
1Required pursuant	to NRS 622.238(3) and 653.550(1)	(a).	
	ATTESTATION		
and completely; that any furn	hat I have answered all questions in ished supporting documentation is prior to making a determination rea	n this application tr accurate to the bes	t of my

Sign:	Date	e: