



Radiation Control Program Temporary Student License Application



*This application is not required for
Students working without compensation.
Refer to NRS 653.610.*

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN or APIN: ¹
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STREET ADDRESS	CITY	STATE	ZIP CODE
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PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
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NAME OF CURRENT EMPLOYER	FAX NUMBER	E-MAIL ADDRESS
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NAME OF PROGRAM STUDENT ENROLLED IN: _____

- Submit a copy of student enrollment paperwork as described in NRS 653.610.
- Submit non-refundable check payable to *DPBH, Radiation Control Program* in the amount of \$25.00.

	PERSONAL DATA	Y	N
1.	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"/>
2.	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"/>
3.	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 3, submit an explanation with this application. ²

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

² 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