

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

  


## NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH



Cody Phinney, MPH  
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 or before 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).

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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: \_\_\_\_\_

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Applicant's First Name	Last Name	MI.	SSN or <input type="checkbox"/> APIN: <sup>1</sup>
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Street Address	City	State	Zip Code
<hr/>			
Name of Employer			
<hr/>			
Employer's Address	City	State	Zip Code
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Phone Number	Fax Number	Email Address	

<sup>1</sup> 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.