



North Dakota Medical Imaging and Radiation Therapy Board

PO Box 398 Bismarck, ND 58502 Phone: 701-425-0861 Fax: 701-224-9824

www.ndmirtboard.com Email: info@ndmirtboard.com

Application for Reinstatement of Medical Imaging and Radiation Therapy License

OFFICE USE ONLY: RECEIVED _____ AMOUNT _____ CHECK # _____

Reinstatement fee: \$200.00 Complete the application and return with a check or money order payable to NDMIRTB.

The Board cannot accept credit card payments or payment over the phone. Please do not staple or tape your payment to the application. **Please print legibly or type the information. Do not use pencil!**

Reinstating a license requires completion of a criminal history background check. You may print the Criminal History Record Check forms at the Board's website above. If you need the forms sent to you, please contact the Board office.

The background check is NOT waived even if you have been licensed before. –NDAC 114-02-02-02

ND License Number _____

Contact Information: This is the contact information the Board office will use to contact you. The Board office usually communicates by email and phone. If you have a different or temporary address, please write it on a separate sheet.

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Name _____
First Middle Initial Last Maiden

Mailing Address _____
PO Box or Street Address City State Zip

Home Phone () _____ Date of Birth _____

E-mail Address _____

Check the primary discipline(s) in which you are currently **REGISTERED** and wish to reinstate for licensure:

- Radiographer
- Radiation Therapist
- Radiologist Assistant
- Sonographer
- Other _____
- Nuclear Medicine Technologist
- Magnetic Resonance Imaging Technologist
- Registered Cardiovascular Invasive Specialist (RCIS)
- Registered Cardiac Electrophysiology Specialist (RCES)

Active Military Members and Spouses

Are you an active member of the U.S. Military _____ OR A spouse of an active U.S. Military member? _____ No

(If "yes", you must submit proof of your military status or your spouse's active member status. Please submit a military issued ID noting relationship to the military member and the orders of the active military member status for you or your spouse.)

Employer Information – You do not need to complete this section if you do not have an employer in the medical imaging or radiation therapy field.

Employer _____ Employer Phone () _____

Employer Address _____

Employer City _____ State _____ Zip _____ County _____



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Locum Tenens (Travelers)

**Travelers must also follow ND state law for CE Compliance requirements if renewing.*

Are you currently working as a locum tenens (one who travels, sometimes to different states, to work for short periods of time in someone's absence or a shortage of employees)? YES NO

If YES, Company Name _____

Address _____

ZIP _____

Phone () _____

How long will you be practicing in ND? _____

Licensure

Are you currently licensed in other states? YES NO

If YES, please list the state(s) and license number(s) _____

If YES, must provide verification directly from that state(s) of an unrestricted and unencumbered state(s) license.

*NDAC 114-02-02-02 *An individual previously licensed in North Dakota may apply for relicensure. The applicant may not have an encumbered license or other restricted practice in any jurisdiction and shall meet all board requirements.*

Credentialing

You must be currently registered in all primary modalities you are currently practicing. Please submit a copy of your registry card(s). If you have renewed your registration and have not received the new card, a copy of the verification of your status from the registry's website is acceptable. When you receive your new card, please send a copy of it to the Board office.

Mark all that apply:	Registry Number	Expiration Date	CE Compliant
ARRT	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARDMS	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
NMTCB	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
CCI	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
CBRPA	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARMRIT	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
ISCD	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered NO to CE compliance, please provide an explanation on a separate sheet. You are not eligible for license renewal if you are not currently registered and/or CE compliant.

Personal Background History – You must answer these questions or your renewal application will be returned!

Criminal history, alcohol/drug abuse, mental health issues or disciplinary action is not necessarily a disqualification from licensure renewal. Please be honest, a YES answer does not automatically disqualify you from renewal.

- In the last 24 months, have you ever been convicted of an offense other than minor traffic violations? (Offenses include any felonies or misdemeanors including DUI, drug possession, trespassing, assault, disorderly conduct, and theft.) YES NO
- In the last 24 months, has there been any pending disciplinary investigations, or have you had any other professional license subject to disciplinary action in North Dakota, another state, or by any licensing agency? YES NO
- In the last 24 months, has any state denied, rejected, revoked, suspended, refused to renew, or otherwise restricted your certification or license? YES NO
- In the last 24 months, have you ever abused alcohol or drugs or experienced any mental health difficulties which could impair your ability to practice Medical Imaging or Radiation Therapy? YES NO
- In the last 24 months, have you ever voluntarily surrendered your certificate or license or entered into a settlement agreement of any kind in order to avoid disciplinary action by a regulatory agency? YES NO



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*If you have answered "YES" to any of the above background questions, you must provide the Board with a Letter of Explanation in your own words with specifics about each separate incident, the date(s), and your signature. Your letter should include important dates, locations (if necessary), the surrounding circumstances, and the penalty, conviction, or treatment you received. You must also provide copies of all related documentation (for each separate incident) such as criminal judgments, police reports, disciplinary documents, and court documents.

**All persons with a conviction in the last 5 years should also provide a copy of the ethics letter from their certifying body (ARRT, ARDMS, etc.). National registry requires reporting of past convictions to the appropriate ethics committee. If you are waiting for a letter from the registry's ethics committee, please state as such in your explanation.

***Failure to submit appropriate documentation may delay your license renewal. The Board may request additional information and documentation as needed.

If you have self-reported the conviction to the NDMIRTB, please indicate the information disclosed, the date of disclosure, and if a settlement agreement was agreed upon. Once reinstated, ALL convictions should be self-reported within 60 days to the NDMIRTB.

Please review before submitting your application:

Have you included the following?

- _____ A completed and signed application for a reinstatement of your license.
- _____ A check or money order payable to NDMIRTB for the \$200.00 reinstatement fee.
- _____ A copy of your current registration with a national certifying agency (ARRT, ARDMS, etc.).
- _____ If you answered "Yes" to being licensed in another state(s) have you contacted that state(s) to arrange verification **directly** from that state of an unrestricted and unencumbered state(s) license?
- _____ If you answered "Yes" to any of the questions in the Personal Background History, an explanation and any relevant documentation as requested at the end of that section must be submitted with your reinstatement application?

Agreement: Please read the agreement carefully before signing.

In consideration of my receiving my renewed license from the North Dakota Board of Medical Imaging and Radiation Therapy Board, I do hereby agree to abide by North Dakota laws and administrative rules pertaining to the practice of Medical Imaging and Radiation Therapy. (NDCC 43-62 and NDAC 114)

I AM AWARE THAT IF ANY CHANGES OCCUR IN MY EMPLOYMENT AND/OR HOME ADDRESS, EMAIL, AND PHONE NUMBER, THE BOARD MUST BE NOTIFIED IN WRITING OR BY EMAIL.

Falsifying an application, supplying misleading information, or withholding information may be grounds for disciplinary action. By signing this application below, I certify that the information appearing on this application is accurate and true to the best of my knowledge.

Signature of Applicant

Date

PLEASE RETURN THE **COMPLETED APPLICATION AND \$200.00 FEE**, TO THE ADDRESS: NDMIRTB
PO BOX 398
BISMARCK, ND 58502

Checks and money order should be payable to **NDMIRTB**. The Board cannot accept credit cards. **Practicing without a current license is against ND state law. Continuing Education (CE) Compliance will begin in 2020. You are required to be CE compliant ONLY in those modalities you are currently practicing.**

The Criminal History background check instructions and forms are available at the Board's website. If you would like to have them mailed or emailed to you, please contact the Board office. The completed forms must be returned to the Board office. It takes about 2-4 weeks to get the results back from BCI. **(Your license will not be issued until the results are received!)**

If you have any questions, contact the Board office at 701-425-0861 or info@ndmirtboard.com.