

STATE OF MAINE

RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

APPLICATION FOR LICENSURE



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8623

TTY/HEARING IMPAIRED (207) 624-8563

Email: diane.j.bradstreet@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

PLEASE READ THE "MEDICAL RADIATION TECHNOLOGY LICENSING RULES" AND "MEDICAL RADIATION HEALTH AND SAFETY ACT" FOR INFORMATION REGARDING LICENSURE IN THE STATE OF MAINE.

IF APPLYING FOR PERMANENT LICENSURE AS A RADIOLOGIC TECHNOLOGIST, PLEASE SUBMIT THE FOLLOWING:

1. Completed and signed application (complete parts 1, 3, 4, 5, and 9).
2. Current copy of your ARRT or NMTCB wallet card.
3. \$70.00 application fee and a \$70.00 license fee.
4. Completed Criminal History Record Check Form and **separate** \$8.00 check, payable to Maine State Treasurer.

NOTE: The permanent license fees are half the regular fees after September 1st of odd-numbered years through June 30th of even-numbered years.

IF APPLYING FOR TEMPORARY LICENSURE AS A RADIOLOGIC TECHNOLOGIST, PLEASE SUBMIT THE FOLLOWING:

1. Completed and signed application (complete parts 1, 2, 3, 4, 6, 7 and 9).
2. The licensed practitioner that will be responsible for the supervision of the applicant must sign part 2 of the application.
3. \$70.00 application fee and a \$10.00 license fee. (The application fee for a temporary license shall extend to the initial permanent license; consequently only one application fee is required for a temporary/first permanent license.
4. Completed Criminal History Record Check Form and **separate** \$8.00 check, payable to Maine State Treasurer.

An applicant for a temporary license must make a separate application for each hiring office or institution at which he or she is to be employed; however, only one application and license fee is required.

Only applicants who have successfully completed, or are about to complete within one month, a program approved by the Board specific to the license may apply for a temporary license.

TO UPGRADE A TEMPORARY LICENSE TO A PERMANENT LICENSE, PLEASE SUBMIT THE FOLLOWING:

1. Completed and signed application (complete parts 1, 3, 4, 5 & 9).
2. Current copy of your ARRT or NMTCB wallet card.
3. \$70.00 license fee.
4. Completed Criminal History Record Check Form and **separate** \$8.00 check, payable to Maine State Treasurer (if not previously submitted).

NOTE: The permanent license fees are half the regular fees after September 1st of odd-numbered years through June 30th of even-numbered years.

IF APPLYING FOR A SPECIAL PERMIT IN NUCLEAR MEDICINE, PLEASE SUBMIT THE FOLLOWING:

1. Completed and signed application (complete parts 1, 3, 4, 5, and 9).
2. Submit a current copy of your ARRT wallet card.
3. Submit a letter from your chief technologist that states the need to issue a special permit to you and recruitment documentation. This documentation shall be copies of newspaper advertisements and/or explanation of recruitment problems.

4. Submit a letter from the Nuclear Medicine Technologist stating that you will be under his/her direct supervision while holding a Special Permit as a Nuclear Medicine Trainee.
5. \$70.00 application fee and a \$70.00 license fee.
6. Completed Criminal History Record Check Form and **separate** \$8.00 check, payable to the Maine State Treasurer.

The Special Permit in Nuclear Medicine shall be issued for a period not to exceed one year. The applicant will be required to take the next scheduled examination and the license will stay in effect until the results of the examination are known. Applications for state examination may be obtained from the Board.

IF APPLYING FOR LIMITED LICENSURE, PLEASE SUBMIT THE FOLLOWING:

1. Completed and signed application (complete parts 1, 2, 3, 6, 8, and 9).
2. Submit documentation of passage of the Limited Radiographer examination.
3. 70.00 application fee and \$70.00 license fee.
4. Completed Criminal History Record Check Form and **separate** \$8.00 check, payable to the Maine State Treasurer.

NOTE: The permanent license fees are half the regular fees after September 1st of odd-numbered years through June 30th of even-numbered years.

Please make all checks payable to the **MAINE STATE TREASURER** and mail to the following address:

MAIL ADDRESS:

35 State House Station
Augusta, ME 04333

IF USING AN OVERNIGHT DELIVERY SERVICE SEND TO:

122 Northern Avenue
Gardiner Annex
Gardiner, ME 04345



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ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

APPLICATION FOR LICENSURE

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

PLEASE TYPE OR PRINT CLEARLY IN INK

PART 1 VITAL STATISTICS

Last Name _____ First _____ M.I. _____

Home Address _____ County _____

City _____ State _____ Zip Code _____

Date of Birth _____ Soc. Sec. # _____

Facility _____

Address _____ County _____

City _____ State _____ Zip Code _____

Telephone: (Home) _____ (Work) _____

PART 2 PLACE OF EMPLOYMENT AS A TEMPORARY RADIOLOGIC TECHNOLOGIST

Hiring Office or Institution _____

Address _____ County _____

City _____ State _____ Zip Code _____

Date of Employment: From _____ To _____

Signature and title of licensed practitioner responsible for applicant's supervision (temporary applicants only):

Signed _____ Title _____

Printed Name _____

PART 3 ARREST AND CONVICTION INFORMATION

Have you ever been convicted of a crime other than a minor traffic violation? YES _____ NO _____

If yes, please attach a separate sheet and describe in detail the crime(s) and submit a copy of the court judgement(s) as well as a letter from you explaining the circumstances surrounding your conviction.

PART 4 CATEGORY OR LICENSE REQUESTED (Check appropriate category)

	Radiography	Radiation Therapy	Nuclear Medicine
Full License	_____	_____	_____
Temporary License	_____	_____	_____
Special Permit (Nuclear Medicine Only)			_____

PART 5 PRESENT STATUS (Enter registry or certificate number where applicable)

	Radiography	Radiation Therapy	Nuclear Medicine
A.R.R.T.	_____	_____	_____
N.M.T.C.B.			_____
License in other states, countries, etc.	_____	_____	_____

PART 6 EDUCATION IN RADIOLOGIC TECHNOLOGY

Name of Program _____

City _____ State _____ Zip Code _____

Dates Attended: From _____ To _____

Type of Diploma: Degree _____ Certificate _____ Date Awarded _____

Signature of Program Director _____

PART 7 FULL LICENSURE EXAMINATION (Please check category and include date you will be taking examination.)

CATEGORY		DATE OF EXAM
Radiography	_____	_____
Radiation Therapy	_____	_____
Nuclear Medicine	_____	_____

If eligible for the national certification examination, you must apply *directly* to either the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB).

PART 8 LIMITED LICENSURE (Please check category for which you are applying.)

CATEGORY

Skull	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Podiatry	<input type="checkbox"/>
Spine	<input type="checkbox"/>	Extremities	<input type="checkbox"/>		

PART 9 AGREEMENT

I do hereby agree to abide by the Maine Laws and Regulations pertaining to Radiologic Technology. I declare that all information appearing on this application is accurate and true to the best of my knowledge and belief.

DATE _____ APPLICANT'S SIGNATURE _____



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TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

(Clerk Name and Phone Number)

Diane Bradstreet
(207) 624-8623

OFFICE PHONE: (207)624-8623



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(207)624-8563 (TTY/HEARING IMPAIRED)

FAX: (207)624-8637



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CRIMINAL HISTORY RECORD CHECK FEE: \$8.00
Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____	Contact Person: DIANE BRADSTREET
Agency Name & Address:	Office of Licensing and Registration Radiologic Technology Board of Examiners 35 State House Station Augusta, Maine 04333-0035



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(207)624-8563 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER,
MAINE



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____

