

STATE OF MAINE

RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

APPLICATION FOR LICENSURE

- Radiologic Technologist



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Radiologic Technology Board of Examiners is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Verification of Licensure Form
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES

- Licensing Law for Radiologic Technologists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch103sec0.html> or call (207) 624-8626

- Licensing Rules for Radiologic Technologists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/pfr/professionallicensing/professions/radiological/index.htm> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.
- All material pertaining to an application must be received by the Board within a span of no more than six months. Any application received which remains incomplete for more than six months will be disposed of. Candidates whose applications have been incomplete for more than six months will be required to submit **new** application materials if they seek licensure.

PATHWAYS TO FULL LICENSURE AS A RADIOLOGIC TECHNOLOGIST

Individuals who have successfully completed an accredited course of study in radiography, nuclear medicine technology or radiation therapy technology, who possess current national certifications, or have passed the required examination (radiography and radiation therapy only) are eligible to apply for full licensure.

STANDARD APPLICATION (PATHWAY 1)

A completed application for full licensure as a Radiologic Technologist shall include the following:

- Completed and signed application;
 - Payment of an Application Fee of \$50.00;
 - Payment of a Licensure Fee of \$75.00;
 - Payment of a Criminal History Records Check Fee of \$21.00;
- Note: All fees can be in one payment.**
- Documented proof of valid ARRT or NMTCB National Certification (copy of wallet card accepted), or evidence of passing required exam (radiography and radiation therapy only);
 - Documented proof of JRCERT, JRCNMT, NMTCB or ARRT approved course of study;
 - Completed Verification of Licensure in another state (if applicable); and
 - NPDB/HIPDB Self-query Reports.

TEMPORARY LICENSURE TO FULL LICENSURE (PATHWAY 2)

A completed application shall include the following:

- Completed and signed application;
- Payment of a Licensure Fee of \$75.00;
- Completed and signed application for temporary licensure; and
- NPDB/HIPDB Self-query Reports, if not previously submitted.

****Upon receipt of documented proof of valid ARRT or NMTCB national certification (copy of wallet card accepted) your application for full licensure will be granted.**

RADIOLOGIC TECHNOLOGIST – ADDING AUTHORITY TO EXISTING LICENSE

Individuals who have successfully completed an accredited course of study in radiography, nuclear medicine technology or radiation therapy technology, who possess current national certifications, or have passed the required examination (radiography, nuclear medicine and radiation therapy) and currently hold an active Maine Radiologist Technologist license are eligible to apply for full licensure.

STANDARD APPLICATION (PATHWAY 1)

A completed application to add an authority to an existing Maine Radiologic Technologist license shall include the following:

- Completed and signed application;
- Payment of an License Fee of \$10.00;
- Documented proof of valid ARRT or NMTCB National Certification (copy of wallet card accepted), or evidence of passing required exam (radiography and radiation therapy only);
- Documented proof of JRCERT, JRCNMT, NMTCB or ARRT approved course of study; and
- NPDB/HIPDB Self-query Reports, if not previously submitted.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND 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.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: 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 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). 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 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. DO NOT SEND CASH.
- Make a copy of your application to keep for your records.

FACILITY

Facility: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

PRESENT STATUS (Enter registry or certificate number where applicable.)

	Nuclear Medicine	Radiation Therapy	Radiography
A.R.R.T	_____	_____	_____
N.M.T.C.B	_____	_____	_____
Licenses held in other states/countries	_____	_____	_____

EDUCATION IN RADIOLOGIC TECHNOLOGY

Name of School and Program: _____

Program must be accredited by JRCERT, JRCNMT, NMTCB or ARRT

City: _____ State: _____

Dates Attended: From _____ To _____

Type of Diploma: Degree _____ Certificate _____ Date Awarded _____

AFFIRMATION

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

Applicant's Signature _____ Date _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Radiologic Technology Board of Examiners
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

VERIFICATION OF LICENSURE IN OTHER STATE

Directions to applicant:

Complete front portion of form and forward one to the state where you hold a current license to practice Radiologic Technology.

To: _____ I am applying for a license in the State of
State Board

Maine to practice as a _____. I was granted license # _____

license type _____ on _____ by the State of _____.

The Maine Radiologic Technology Board of Examiners requests that I submit verification that my license in the State of _____ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Maine Radiologic Technology Board of Examiners. Your early attention is appreciated.

Signature: _____

Print Name: _____

Date: _____

Note: Because some states charge a fee to complete this form, you should check with each state before mailing.



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Radiologic Technology Board of Examiners
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

JOHN ELIAS BALDACCI
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

(To be completed by State)

DIRECTIONS TO STATE BOARD: Please complete and return form to the following address:

**MAINE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS
 #35 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0035**

Name of Licensee: _____ License Type: _____

License #: _____ Date Issued: _____

License Current: Yes _____ No _____ Expiration Date: _____

Name of Exam Taken: _____ Date Exam Passed: _____

If no exam was taken, how was license obtained?

1. Grandfathered: _____ 2. Endorsement/Comity: _____ State: _____

What were the requirements for education at the time the license was issued?

Are there any pending complaints against this licensee?

Yes _____ No _____

Have there been any other actions taken against this licensee?

Yes _____ No _____

Explanation of above if answer is yes: _____

State Board Seal

Signature and Title: _____

Date: _____



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (TTY/HEARING IMPAIRED)
 OFFICES LOCATED AT: 76 NORTHERN AVENUE,
 GARDINER, MAINE

FAX: (207)624-8637



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

National Practitioner Data Bank (“NPDB”) and Healthcare Integrity and Protection Data Bank (“HIPDB”) Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center
Tel: (800)767-6732
TDD: (703)802-9395