

STATE OF MAINE

RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

APPLICATION FOR LICENSURE

• **TEMPORARY RADIOLOGIC TECHNOLOGIST**



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing) 35 State House Station, Augusta, ME 04333
(Physical Location) 76 Northern Ave. Gardiner, ME 04345

Office Telephone: (207) 624-8634
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

Radiologic Technology Board of Examiners	
Required Fee: \$96 (includes Criminal History Records Check Fee)	
Please Select License Type: <input type="checkbox"/> Temporary (TP1421)	Office Use Only: 1421 - \$75.00 2619 - \$21.00
Please Select Category: <input type="checkbox"/> Radiography <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine	<small>Office Use Only:</small> Check # _____ Amount: _____ Cash # _____ Lic. # _____
<small>Rev. 8/2022</small>	

PAYMENT OPTIONS: Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
MAILING ADDRESS OF CARDHOLDER (please print)			
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____ <input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

Place Of Employment		
Hiring Office or Institution: _____		
Address: _____	County: _____	
City: _____	State: _____	Zip Code: _____
Dates of Employment: From _____ To _____		
By my signature below, I attest that I am the eligible licensed practitioner that will provide supervision to the temporary radiologic technologist at the place of employment listed above.		
Signed: _____		Date: _____
Printed Name: _____		Title: _____

Education		
Program must be accredited by JRCERT, JRCNMT, NMTCB or ARRT		
Name of School and Program: _____		
Mailing Address: _____		
City: _____	State: _____	Dates Attended: From _____ To _____
Type of Diploma: Degree _____ Certificate _____		Date Awarded: _____
By my signature below, I attest that I am the program director at the educational institution listed above and that the information provided is true and accurate.		
Signed: _____		Date: _____
Printed Name: _____		Title: _____

Certification Examination
Category (check one): <input type="checkbox"/> Radiography <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine
Date of Examination: _____
If eligible for the national certification examination, you must apply <i>directly</i> to either the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB).

Credentialing History

Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? YES NO

If yes, enclose a detailed explanation and copies of all documents.

Please list all professional licenses that you hold or have ever held.

Profession	License #	State/Country	Date Issued	Expiration Date

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 Professional and Occupational Regulation 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.

I also understand, pursuant to 10 MRS §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

SIGNATURE: _____ DATE: _____

APPLICATION INSTRUCTIONS

RADIOLOGIC TECHNOLOGIST

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>

- 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/sos/cec/rules/02/chaps02.htm#465>

- Licensing Rules for the Department of Professional and Financial Regulation

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

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 or hand delivery to our offices. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.
- If there are deficiencies with your application, you will be notified by email. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- **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 Professional and Occupational Regulation's website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>. We appreciate your thoughtful attention to this request.

IMPORTANT INFORMATION FOR LICENSEES:

- **10 Day Reporting**

Please be advised, pursuant to 10 MRS §8003-G, licensees and applicants are to report to the Office, in writing, any change in a name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:

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

- **GovDelivery**

The Radiologic Technology Board of Examiners has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

To become a subscriber, go to the Board's website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.

PATHWAYS TO FULL LICENSURE AS A RADIOLOGIC TECHNOLOGIST

Individuals who have successfully completed an accredited course of study in radiography, nuclear medicine or radiation therapy, 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 for licensure sent by mail or courier;
- Payment of a Temporary Licensure Fee of \$75.00;
- Payment of a Criminal History Records Check Fee of \$21.00;
Note: All fees can be in one payment.
- Letter from employer documenting special circumstances. Please refer to Board rules Chapter 2, Section 1, 17 for further clarification; and
- Evidence of completing a course of study from a program approved by JRCERT, JRCNMT, NMTCB or ARRT; and
- Completed and signed Application for Full Licensure; and
- Payment of a Full Licensure Fee of \$100.00.

****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.**

Those licensed or those who have held licensure in other jurisdiction(s) must also provide:

- Official Verification(s) of Licensure (Online lookups are acceptable)

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine Relay 711 Web: www.maine.gov/professionallicensing

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 emailed to you.
- **How can I check the status of my application?** You can check our website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **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 Professional and Occupational Regulation 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.
- ◆ 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.