

STATE OF MAINE

RADIOLOGIC TECHNOLOGY BOARD OF
EXAMINERS

APPLICATION FOR LICENSURE

• TRAINEE RADIOGRAPHER



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: \$51 (includes Criminal History Records Check Fee)	Office Use Only: 1421 - \$30.00 2619 - \$21.00
Please Select License Type: <input type="checkbox"/> Trainee Radiographer (TRA1446)	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 8/2022	

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

Educational History of Applicant

Degree Earned: _____ Date Received: _____

Licensure or Certification of Applicant (if any)

Type of License/Cert.	License/Certification Number	State or Jurisdiction	Date of Issue & Expiration

Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) **NO** **YES**
If yes, enclose a detailed explanation and copies of all documents.

Course of Study
Please also submit course outlines for each required module of the core curriculum

Name of Educational Institution or Content Provider: _____ Telephone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Course Accreditation or Approvals, Such as ASRT (if any): _____

Exam or Other Exit Standard Required for Completion of Course of Study (if any): _____

Approximate Number of Hours to Complete: _____ Anticipated Commencement Date of Course of Study: _____

Type:
 Self Study
 Courses taught by a fully-licensed radiographer, physicist or licensed practitioner (provide name(s), license type(s) and license number(s) below):

Name	License Type	License Number

Affirmation

By my signature, I hereby certify that the information provided on and with 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 traineeship and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines or termination of my traineeship if this information is found to be false.

I further certify that I will comply with all of the requirements and responsibilities of the traineeship as outlined in the Board's rules.

APPLICANT'S SIGNATURE: _____ DATE: _____



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

Clinical Training Program

As part of the Traineeship, Trainee Radiographers must complete a Clinical Training Program.

By selecting a category below (maximum of 2), the Trainee acknowledges that the minimum number of required procedures must be successfully completed during the 1-year term of the traineeship as outlined in Chapter 6, Section 8(1) of the Board's rules. The required procedures must be performed under the direct supervision of the supervising licensed practitioner or a fully-licensed radiographer.

The Trainee also acknowledges that any change to the clinical training program or request to complete alternate procedures or experience must be submitted to and approved by the Board prior to executing the change or completing the alternate procedure or experience.

Trainees must submit monthly progress reports and maintain a log (board approved format) of all procedures performed during the Clinical Training Program. The log must be submitted upon request of the Board or upon application for licensure as a limited radiographer.

Training Site Data (Must be completed in full)		
Name of Training Site:	Telephone:	
Mailing Address:		
City:	State:	Zip Code:
Physical Address (if different from mailing address):		
Anticipated Start Date of Training:		
Training Categories (choose a maximum of 2): <input type="checkbox"/> Skull <input type="checkbox"/> Spine <input type="checkbox"/> Chest <input type="checkbox"/> Extremities <input type="checkbox"/> Podiatry		

**Supervisor Data
(To be completed in full by Supervisor)**

Name of Supervisor:		
Mailing Address:		
City:	State:	Zip Code:
Supervisor's Education/School:		Degree Awarded:
Type of License:	License Number:	
Place of Employment:	Work Telephone:	

**Supervisor's Responsibility Statement
(To be completed in full by Supervisor)**

As the Supervisor:	Agree:
1) I possess a valid license as outlined in the board rules to supervise a limited radiographer trainee.	<input type="checkbox"/>
2) I will immediately notify the trainee and the Board of any disciplinary action that affects my ability or right to supervise.	<input type="checkbox"/>
3) I know and understand the laws and rules pertaining to the supervision and practice restrictions of limited radiographer trainees.	<input type="checkbox"/>
4) I will include in the clinical training program the patient safety protocols described in Chapter 8, Section 5(C)(E) and (G) of the board's rules.	<input type="checkbox"/>
5) I understand that training, other than radiation safety training, may not commence until the Board has reviewed and approved the trainee's application.	<input type="checkbox"/>
6) I will provide the Board with monthly progress reports signed by myself and the trainee on forms provided by the board. I will promptly address any deficiencies or concerns with the trainee's progress communicated by the Board.	<input type="checkbox"/>
7) If I terminate supervision of this trainee I will immediately inform the Board.	<input type="checkbox"/>
<p>By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Radiologic technology Board of Examiners and by the Statutes of the State of Maine.</p>	
SIGNATURE: _____	DATE: _____

Summary of Required Procedures

Training Category #1:

Body Part	Approximate Number of Procedures to be Performed (must meet minimum requirements as shown in the table in Chapter 6, Section 8(1) of the Board's Rules)

Summary of Required Procedures

Training Category #2 (if applicable):

Body Part	Approximate Number of Procedures to be Performed (must meet minimum requirements as shown in the table in Chapter 6, Section 8(1)of the Board's Rules)

APPLICANT INFORMATION GUIDE

TRAINEE RADIOGRAHPER

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 email address in the space provided on the left side of the page. You may unsubscribe at any time.

TRAINEE RADIOGRAPHER

Please read and review the Board's Rules for requirements as well as the terms and conditions of the traineeship.

A completed application for a Traineeship shall include the following:

- Completed Application;
- Payment of a Trainee License Fee of \$30.00; and
- Payment of a Criminal History Records Check Fee of \$21.00.
Note: All fees can be in one payment.
- Course outlines for all required modules of the core curriculum outlined in Chapter 6, Section 7 of the Board's Rules;
- Completed Proposed Clinical Training Program Form;
- Official documentation of completion of radiation safety training;
- Verification of Licensure (if applicable);

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?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333.
- **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/almsequery/welcome.aspx>.
- **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.