

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
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

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

- Applicant Information Guide
- Individual License Application
- Verification of Licensure Form

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. Typical review and processing time of applications is up to two (2) to three (3) weeks. 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 mail. 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/almonline/almsquery/welcome.aspx>. We appreciate your thoughtful attention to this request.

IMPORTANT INFORMATION FOR LICENSEES:

- **Renewal**

This is a two-year license, renewable by August 31st of each even year. You may renew online at your convenience 24 hours a day, 7 days a week up to 60 days in advance of your license expiration date. Renewal reminders are currently sent to the e-mail address on file. Late renewals (up to 90 days after license expiration) incur a late renewal fee of \$50.00. Those wishing to obtain licensure after the late renewal period must meet the requirements for licensure current at the time of the application.

- **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.

TEMPORARY LICENSURE AS A RADIOLOGIC TECHNOLOGIST

The board may issue a temporary license to any person whose application for full licensure is pending before the board when issuance is justified by special circumstances and no danger to the public health or safety exists. Individuals must have successfully completed a program approved by the Board specific to the license application. Individuals who possess current national certifications are not eligible for temporary licensure.

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

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

- Completed and signed Application;
- Payment of an Application Fee of \$50.00;
- 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;
- Evidence of completing a course of study from a program approved by JRCERT, JRCNMT, NMTCB or ARRT;
- Completed and signed Application for Full Licensure; and
- Payment of a Full Licensure Fee of \$100.00.

Those licensed in other jurisdiction(s) must also provide:

- Official Verification(s) of Licensure sent by mail or courier directly to this office from the issuing agency.

****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.**

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 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.



**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	

CRIMINAL BACKGROUND DISCLOSURE
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
1. Have you ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. 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.
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.
SIGNATURE DATE

Radiologic Technology Board of Examiners Required Fee: \$146 (includes Criminal History Records Check Fee)	Office Use Only: 1421 - \$75.00 1446 - \$50.00 2619 - \$21.00
Please Select License Type: <input type="checkbox"/> Temporary License (TP1421)	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Please Select Category: <input type="checkbox"/> Radiography <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine	
<small>Rev. 9/2016</small>	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
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 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		

Applicant's Name: _____

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): Radiography Radiation Therapy Nuclear Medicine

Date of Examination: _____

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).

Applicant's Name: _____

Credentialing History

Do you hold or have you ever held a professional license/certification/ registration in this or any other state/country? YES NO

If yes:

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: _____



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION

Radiologic Technology Board of Examiners

35 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0035

Paul R. LePage
Governor

Anne L. Head
Commissioner

VERIFICATION OF LICENSURE FORM
(for use by applicants licensed or certified in another jurisdiction)
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The applicant listed below is applying to practice as a radiologic technologist in the State of Maine. The Radiologic Technology Board of Examiners requests written verification from all states that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

Directions to applicant:

Complete page 1 of this form and forward pages 1 and 2 to the state where you hold or have held a license to practice. Because some states charge a fee to complete this form, you should check with each state before mailing. All fees are the responsibility of the applicant. If verification is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

Directions to State Board:

Complete page 2 of this form and return pages 1 and 2 directly to the Board by mail or courier:

U.S.P.S. Mailing Address: Radiologic Technology Board of Examiners, 35 State House Station, Augusta, Maine 04333

Courier/Delivery Address: Radiologic Technology Board of Examiners, 76 Northern Avenue, Gardiner, Maine 04345



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

TTY USERS CALL MAINE RELAY 711
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637

VERIFICATION OF LICENSURE

Page 2 of 2

Name of Licensee:	License Type:
License Number:	Date Issued:
Is License Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:

Exam taken (if any):	Date Exam Passed:
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If no examination was taken, how was licensure obtained?

Grandfathered Endorsement from which state _____

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

Are there any pending complaints against this licensee? [] Yes [] No
If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No
If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No
If no, please explain:

State Board Seal	Signature: _____
	Printed Name: _____
	Title: _____
	State: _____ Phone Number _____
	Date: _____