

STATE OF UTAH

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

**RADIOLOGY TECHNOLOGIST or
RADIOLOGY PRACTICAL TECHNICIAN**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure as a **Radiology Technologist**, complete the following in addition to submitting a completed application:

1. Submit a copy of your ARRT Certification or a copy of your NMTCB Certification.
2. Submit a **\$70.00** non-refundable application processing fee, made payable to "DOPL."

Note: If you are using this application to reinstate your Utah Radiology license which has been expired for more than two years, you must also submit an additional \$50 reinstatement fee in addition to completing all other requirements outlined in this application. *(The total fee for reinstating a license more than two years is \$120.)*

If you are applying for licensure as a **Radiology Practical Technician**, complete the following in addition to submitting a completed application:

1. If you passed the ARRT Limited Scope or the ARRT Bone Densitometry Equipment Operators examinations in Utah, attach the original letter from DOPL's approved examination provider, PSI Examination Services, verifying your passing score. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations taken after that date the provider is PSI Examination Services

OR

If you passed the ARRT Limited Scope or the ARRT Bone Densitometry Equipment Operators (BDEO) examinations in another state, request that state to complete and submit a "Request for Verification of Licensure" form (*attached to this application*) documenting your passing scores to DOPL.

2. Submit a **\$70.00** non-refundable application processing fee, made payable to "DOPL."

Note: If you are using this application to reinstate your Utah Radiology license which has been expired for more than two years, you must also submit an additional \$50 reinstatement fee in addition to completing all other requirements outlined in this application. (*The total fee for reinstating a license more than two years is \$120.*)

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as Radiology Technologist or Radiology Practical Technician. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - Division of Occupational & Professional Licensing Act
 - General Rules of the Division of Occupational & Professional Licensing
 - Radiology Technology and Radiology Practical Technician Licensing Act
 - Radiology Technology and Radiology Practical Technician Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **ARRT Examinations for Licensure as a Radiology Technologist:**

ARRT examinations are available in Radiography, Radiation Therapy Technology, or Nuclear Medicine Technology. To register to take one or more of the ARRT Examinations for licensure as a Radiology Technologist contact your program director at your college or university, call ARRT at (651) 687-0048 or visit ARRT's internet site at www.arrt.org.
4. **Nuclear Medicine Technology Certification Board (NMTCB) Examination for Licensure as a Radiology Technologist:**

To register to take the NMTCB Examination, contact NMTCB at (404) 315-1739.

5. **ARRT Examinations for Licensure as a Radiology Practical Technician:**

Applicants for licensure as a Radiology Practical Technician must pass the ARRT Limited Scope of Practice in Radiography Examination, which includes passing the core examination and at least one of the limited scope examinations, or the ARRT Bone Densitometry Equipment Operators Examination.

If you took the ARRT Limited Scope or the ARRT Bone Densitometry Equipment Operators Examination in another state, request the verifying state to complete a "Request for Verification of Licensure" (*attached to this application*) and mail it directly to DOPL or return to you for submission with your application.

Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the limited scope examinations.

Once you pass the required examinations you will be issued a score report. Submit an original letter from DOPL's approved examination provider verifying your passing score. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.

6. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

7. **License Renewal:** All radiology licenses expire on May 31 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

8. **Renewal Requirements / Continuing Education:** At the time of each renewal period and as a condition to renew the license, each licensed radiology technologist must show satisfactory evidence of completing 16 hours of professional education, and each licensed radiology practical technician must show satisfactory evidence of completing 10 hours of professional education. Refer to the law and rules for complete detailed information.

9. **Temporary License:** DOPL will not issue a temporary license. In order to practice radiology, a person must either be licensed or exempt from licensure.

10. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.

11. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
12. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
13. **Mail Complete Application to:**
 - By U.S. Mail**
Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741
 - By Delivery or Express Mail**
Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111
14. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
15. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: RADIOLOGY TECHNOLOGIST
 RADIOLOGY PRACTICAL TECHNICIAN

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender: Male Female Date of Birth: ____/____/____

Social Security Number: ____-____-____

I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.

Signature of Applicant: _____ Date: ____/____/____

Have You Ever Held A Utah License Before? Yes No

If Yes, Name of Profession: _____ License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my radiology practice in the state of Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ____/____/____

RADIOLOGY QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
9. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?

(Continued on the next page.)

10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you been named as a defendant in a malpractice suit?
13. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
16. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
18. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
19. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
21. _____ Do you currently have any criminal action pending?

(Continued on the next page.)

22. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
23. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
24. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
25. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 21, 22, 23, 24, or 25 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ____/____/____

Printed Name of Applicant: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

This form is for use by radiology practical technician applicants only.

(See "Supporting Documents and Fees" section on pg. 2.)

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My Social Security Number is: ____ - ____ - ____

My Date of Birth is: ____/____/____

My license number in your state is/was: _____

I have enclosed the necessary license verification fee in the amount of: _____

Signature of Applicant: _____

Date of Signature: ____/____/____

(Continued on the next page.)

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: ____/____/____ Expiration Date: ____/____/____

ARRT Limited Scope of Practice in Radiography Examination Results:

_____ ARRT Core

_____ ARRT Chest

_____ ARRT Extremities

_____ ARRT Skull/Sinuses

_____ ARRT Spine

_____ ARRT Podiatric

_____ Radiology Practical Tech. Bone Densitometry Equipment Operator (BDEO)

Other Examinations: _____

Disciplinary Action or Pending Disciplinary Action:

No Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____ Agency: _____

Date of Signature: ____/____/____

(SEAL)