

STATE OF MAINE

RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

APPLICATION FOR EXAMINATION & LICENSURE

- LIMITED RADIOGRAPHER



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 Licensure Application
- Request for Examination Form
- 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> 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/sos/cec/rules/02/chaps02.htm#465> 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.

LIMITED RADIOGRAPHER

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

A completed application for licensure shall include the following:

- Completed Application;
- Official documentation of completion of Course of Study pursuant to Chapter 6, Section 7 of the board's rules;
- Official documentation of completion a Processor Quality Control Program;
- Completed Summary of Procedures accompanied by Training Logs (board approved format);
- Trainee Radiographer Progress Reports & Performance Evaluations (if not previously submitted to this office)
- Letter of Recommendation from the supervising licensed practitioner;
- Evidence of current BLS certification (copy of wallet card accepted);
- Request for Examination;
- Payment of an Application Fee of \$50.00;
- Payment of a Licensure Fee of \$100.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

Note: All fees can be in one payment.

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.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
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 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.	
SIGNATURE	DATE

Radiologic Technology Board of Examiners	
Required Fee: \$171 (includes Criminal History Records Check Fee)	
Please Select License Type:	
<input type="checkbox"/> Limited Radiographer (LT1421)	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Office Use Only: 1421 - \$100.00 1446 - \$50.00 2619 - \$21.00</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"><i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____</div>	
Rev. 3/2011	

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 Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

Educational History of Applicant

Degree Earned:	Date Received:
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Licensure or Certification of Applicant (if any)

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

Course of Study

Name of Educational Institution or Content Provider:	Telephone Number:	
Mailing Address:		
City:	State:	Zip Code:
Course Accreditation or Approvals, Such as ASRT (if any):		
Date of Completion::		

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 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: _____



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
 Director

REQUEST FOR EXAMINATION

ARRT requires applicants to be approved to sit for the examination. To request examination, please fill in the information requested below and **return this form** with all other required application materials to the Board at the above address. Once your application is **complete and approved**, you will receive notification of eligibility to sit for the exam. You will register with ARRT directly at that time.

Proof of passage of this exam is required for issuance of the limited radiographer's license.

Check Appropriate Category

Limited Scope of Practice in Radiology

Applicant Information (please print)

Name of Applicant:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Date of Birth:

OFFICE PHONE: (207)624-8626



PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(888) 577-6690 (HEARING IMPAIRED)
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 GARDINER, MAINE
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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 trainee radiographer in the State of Maine. The Radiologic Technology Board of Examiners requests written verification from the state 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 a current 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.

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 to the following address:

Maine Radiologic Technology Board of Examiners
35 State House Station
Augusta, ME 04333-0035

OFFICE PHONE: (207)624-8626



PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(888) 577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE
www.maine.gov/professionallicensing

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:
Name of Licensee:	Name of Licensee:

Exam taken:	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: _____