

MONTANA BOARD OF RADIOLOGIC TECHNOLOGISTS
301 SOUTH PARK, 4TH FLOOR
PO BOX 200513
HELENA, MONTANA 59620-0513
(406)444-5711 FAX: (406)841-2305
Email: dlibsdrts@mt.gov
WebSite: www.radiology.mt.gov

Applicants will be notified within 15 working days of receipt of a completed application as to the status of the application.

LIMITED PERMIT HOLDER

Qualifications for Licensure: Applicants for a limited permit must:

Complete a minimum 104-hour course approved by the Board that includes the specified limited x-ray procedures as follows:

- Chest - minimum four (4) hours, and passing competencies - ten actual;
- Extremities - minimum eight (8) hours, and passing upper extremities competencies - five actual, and passing lower extremities competencies - five actual;
- Spine - minimum eight (8) hours, and passing competencies - ten actual;
- Skull - minimum eight (8) hours, and passing competencies - ten, all may be simulated;
- Abdomen - minimum four (4) hours, and passing competencies - ten actual;
- G.I. tract and associated overhead films - eight (8) hours, and passing competencies - ten, all of which may be simulated; and
- Positioning - minimum eight (8) hours, and passing competencies - ten actual.

Board approved radiography education:

RiverStone Health Eastern Montana AHEC www.riverstonehealth.org

Radiographic Operations Consulting (ROC) www.radedbyroc.com

NOTE: ROC has not been approved for the optional "Combined" exam

Board approved continuing education: www.glaciermedicaled.com www.riverstonehealth.org
www.limitedxrayce.com

The applicant must be at least 18 years of age; not be addicted to
intemperate use of alcohol or narcotic drugs; achieve passage of the ARRT Limited Scope Exam
and, if applicable, the Combined State Exam.

FEES:

All fees should be made payable to the Montana Board of Radiologic Technologists with the exception of the examination fee, which is payable directly to ARRT. Do not send the exam fee with your application.

All fees are non-refundable, except in the instance of overpayment of fees, in which case, the refunds are not issued until 45 days following receipt of overpayment. Please do not send cash.

LIMITED PERMIT

\$100.00 Application fee

\$15.00 Required fee if State Combined Exam is taken.

DOCUMENTS REQUIRED FOR APPLICATION:

A fully-completed application for licensure shall be submitted with the following documents:
Please make 8-1/2" x 11" copies of the following and submit with your application.

Limited Permit Holders:

Copy of successful completion of a minimum 104-hour board approved course. (24.204.507, ARM)

Copy of successful completion of additional courses to qualify for each specific examination.

(24.204.507, ARM)

Application fee and State combined examination fee if taking.

The Clinical Competency Checklist will download with your application. The completed checklist must be attached to your application prior to mailing your application to the office.

(NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.)

APPLICATION PROCEDURES

- > When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if the applicant is required to appear before the Board for an interview.
- > If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- > All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications; contact each state board prior to sending the request for this information.
- > Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action by another board. This information is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- > Once a routine application is complete, the application takes up to 30 days to process from the date it is received in the Board office.
- > The applicant will be notified in writing of any deficient or missing items from the application file.
- > Once a routine application is processed and approved a permanent license will be issued.

ARRT LIMITED SCOPE EXAMINATION INSTRUCTIONS - DO NOT SEND PAYMENT TO THE MONTANA BOARD OFFICE

1. After this **application** has been processed, *you will be sent a letter from this office stating that you are eligible for the ARRT Limited Scope Exam with instructions to send payment of the \$125.00 ARRT examination fee **directly to ARRT. DO NOT SEND THIS PAYMENT TO THE MONTANA BOARD OFFICE***
2. Once the ARRT processes your fee, you will be mailed a packet directly from ARRT that includes the appropriate Candidate Handbook and your Candidate Status report.
3. You will be scheduling your examination appointment after you receive the Limited Scope Candidate Status Report from ARRT.

For information with regard to the processing of this application or other concerns, please contact the Board of Radiologic Technologists staff at (406) 444-5711 or email us at dlibsdrts@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF RADIOLOGIC TECHNOLOGISTS ON OUR WEB SITE AT www.radiology.mt.gov

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Allow 30 days from the date the Board has a complete routine application file for licensure.

Limited Permit Holder

LIMITED PERMIT HOLDER APPLICANTS, PLEASE CHECK THE X-RAY EXAM(S) WHICH YOU ARE REQUESTING TO TAKE. ALL APPLICANTS MUST TAKE THE CORE EXAMINATION.

CORE CHEST EXTREMITIES SPINE SKULL
 STATE COMBINED EXAM (OPTIONAL) LOCATION TESTING _____

INCLUDES GI, ABDOMEN AND HIP & PELVIS. Please check if you want to take this exam. The combined exam is a state administered, 35 question, multiple choice exam. The GI, ABDOMEN and HIP & PELVIS examinations are not available through the ARRT Limited Scope Exam. Go to wsl.dli.mt.gov/service/officelist.asp for a list of Job Service locations near you.

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. ORGANIZATION NAME _____

4. ORGANIZATION ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED METHOD OF CONTACT

ORGANIZATION HOME EMAIL ADDRESS _____

6. ORGANIZATION PHONE _____ HOME PHONE _____ FAX _____

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ MALE FEMALE

9. ARRT CERTIFICATION NUMBER: _____ Date Issued: _____ Expiration Date: _____

10. If taking the LPH examination, do you have any physical or mental impairment(s) requiring special accommodations? If yes, attach a detailed explanation. YES NO
11. Do you currently hold a license in another state as a radiologic technologist or limited permit holder? If yes, provide license verification. YES NO
12. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory

State	License#	License Method	Requested Verification?
		EXAM <input type="radio"/> CREDENTIAL <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
		EXAM <input type="radio"/> CREDENTIAL <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
		EXAM <input type="radio"/> CREDENTIAL <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
		EXAM <input type="radio"/> CREDENTIAL <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES NO

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES NO

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. YES NO

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES NO

Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES NO

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. YES NO

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. YES NO

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. YES NO

Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes please provide a detailed explanation. YES NO

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. YES NO

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES NO

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES NO

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source. YES NO

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Radiologic Technologists

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

RADIOGRAPHY

**Clinical Competency Requirements
LIMITED PERMIT HOLDER ONLY
This completed form must be attached to your application.**

Radiologic Procedure	Hours	Date Completed	# of Patients or Simulations	Competence Verified By
Chest and Thorax				
Chest Routine				
Chest AP (Wheelchair or Stretcher)				
Ribs				
Chest lateral Decubitus				
Sternum				
Upper Airway (Soft-Tissue Neck)				
Upper Extremity				
Thumb or Finger				
Hand				
Wrist				
Forearm				
Elbow				
Humerus				
Shoulder				
Trauma: Shoulder (Scapular Y, Transthoracic or Axillary)*				
Clavicle				
Scapula				
AC Joints				
Trauma: Upper Extremity (Nonshoulder)*				

Radiologic Procedure	Hours	Date Completed	# of Patients or Simulations	Competence Verified By
Lower Extremity				
AP or PA Routine Exposures Lateral Routine Exposures Oblique Routine Exposures				
Spine				
AP, Lateral, Oblique, and cross table lateral, swimmers view. Routine Exposures of the Cervical, Thoracic Areas				
Skull (all 10 may be simulated)				
Routine views of Skull and Sinuses (no internal auditory canal series and mastoid series)				
Abdomen				
Region from diaphragm to pubis Routine supine and upright AP Abdomen Projection IVP (intravenous)				
GI Tract and Associated Films (all may be simulated)				
As ordered by Physician only				
Positioning				

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE RADIOLOGY. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice radiology/limited permit in the State of Montana and the Board of Radiologic Technologists requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF RADIOLOGIC TECHNOLOGISTS, PO BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature)

Name (Please Print)

Address

My License Number is

DO NOT DETACH - - THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF RADIOLOGIC TECHNOLOGISTS.

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Licensed by Examination _____ Endorsement (List State) _____ Other (Please List) _____

License is Current? Yes No If NO, explain _____ License Status Active Inactive Other

Has License been suspended, revoked, on probation or otherwise disciplined? If YES, explain and attach documentation. Yes No

Has licensee ever been requested to appear before your Board? If YES, explain. Yes No

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____

Date: _____