

MONTANA BOARD OF RADIOLOGIC TECHNOLOGISTS

PO BOX 200513

301 SOUTH PARK, 4TH FLOOR

HELENA, MONTANA 59620-0513

(406) 444-6880

Email: dlibsdhcp@mt.gov Website: www.radiology.mt.gov

To expedite your application, we suggest you apply and submit your application online at EBIZ.MT.GOV/POL

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.orgRadiographic Operations Consulting (ROC) www.controlthedose.com

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

Board approved continuing education: www.glaciermedicaled.com www.riverstonehealth.orgwww.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:

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

Copy of successful completion of a minimum 104-hour board approved course.

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

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.

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

For information with regard to the processing of this application or other concerns, please contact customer service at dlibsdfhelp@mt.gov or at (406) 444-6880.

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

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 <https://montanaworks.gov/job-service-montana> 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 #	Issue Date	Expiration Date	License Method			Requested State Verification	
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

13. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
14. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
15. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes No
16. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? Yes No
17. Have you ever withdrawn an application for any professional license? Yes No
18. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? Yes No
19. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet)? Yes No
20. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No
21. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

The following information is provided for Question 22 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board website, under the FAQ's.

22. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? Yes No
23. Are you now subject to criminal prosecution or pending criminal charges? Yes No
24. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes No
25. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes No
26. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes No
27. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? Yes No
28. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? Yes No
29. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? Yes No
30. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? 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

Please list the part of the body that was x-rayed for each category below.

Part of body	Date performed	Patient or simulated	Verified by
ABDOMEN (Actual patients)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
CHEST (Actual patients)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
GI TRACT (Actual or Simulated patients or a combination of both) <i><u>The x-rays cannot be the same</u></i> <i><u>for those that you listed for the</u></i> <i><u>Abdomen.</u></i>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please list the part of the body that was x-rayed for each category below.

SKULL (actual or simulated patients or a combination of both)	Date performed	Patient or simulated	Verified by
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
SPINE (actual)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
EXTREMITIES- 5 Upper 5 Lower (actual)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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: _____