

**MONTANA BOARD OF RADIOLOGIC TECHNOLOGISTS**  
PO BOX 200513  
301 SOUTH PARK, 4TH FLOOR  
HELENA, MONTANA 59620-0513  
(406) 444-6880  
Email: [dlibsdlhelp@mt.gov](mailto:dlibsdlhelp@mt.gov) Website: [www.radiology.mt.gov](http://www.radiology.mt.gov)

*To expedite your application, we suggest you apply and submit your application online at [EBIZ.MT.GOV/POL](http://EBIZ.MT.GOV/POL)*

## **RADIOLOGIC TECHNOLOGIST**

### **Qualifications for Licensure:**

1. Each applicant for licensure as a radiologic technologist shall have satisfactorily completed a 24-month course of study in radiologic technology approved by the Board.
2. Each applicant for licensure as a radiologic technologist shall:
  - a. be of good moral character;
  - b. be at least 18 years of age; and
  - c. not be addicted to intemperate use of alcohol or narcotic drugs.

## **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. Please do not send cash.**

## **RADIOLOGIC TECHNOLOGISTS**

\$100.00 Application fee (includes a Temporary Permit, and related fee, that expires 15 days after the date of the first opportunity for examination. You will only be issued one temporary permit.)

## **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 required documents and submit them with your application:

- a. three statements from persons attesting to the applicant's good moral character; applicant must have been associated with or known each reference for at least one year; relatives may not be used as a reference.
- b. application fee; and either:
- c. evidence of certification by the American Registry of Radiologic Technologists (ARRT) in x-ray technology. This evidence shall consist of the applicant being listed in the current ARRT directory, the applicant shall submit to the Board a certified copy issued by the ARRT of the original registration certificate; or
- d. at the Board's discretion, documentation of successful completion of a course of study in an approved School of Radiologic Technology as defined in 37-14-302, MCA, and having obtained a passing score on the examination in diagnostic radiologic technology given by ARRT. A scaled score of 75 constitutes a passing score.
- e. \* If currently or previously licensed in another state or jurisdiction, a License Verification/History must be sent to this office directly from those states or licensing jurisdictions.
- f. Applications and related data will be kept in permanent files maintained by the Board 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**

- > The applicant will be notified in writing of any deficient or missing items from the application file.
- > Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- > Once a routine application is processed and approved, a permanent license will be issued.

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF  
RADIOLOGIC TECHNOLOGISTS ON OUR WEBSITE AT [www.radiology.mt.gov](http://www.radiology.mt.gov)

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Once a routine application is complete, please allow 30 days for issuance of a license.

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
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5. HOME ADDRESS \_\_\_\_\_

Street or PO Box #	City and State	Zip
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ORGANIZATION	HOME	EMAIL ADDRESS
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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. Are you requesting a temporary Radiologic Technologists License? 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
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12. List all professional licenses you hold or <b>ever</b> have held. Verification must be sent directly to Montana from each state/province/territory.	YES	NO
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State	License#	License Method		Requested Verification?	
		<input checked="" type="radio"/> EXAM	<input type="radio"/> CREDENTIAL	<input checked="" 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

## **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

**31. PROFESSIONAL EDUCATION:**

Name of University or College

Degree Earned


Name of School

Degree Earned

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Internship Program

Diploma Received

--	--

Residency Program

Diploma Received

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**32. PROFESSIONAL & CHARACTER REFERENCES.**

Please type or print names and addresses of three references, who have known you or associated with you for a minimum of one year.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**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.

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Legal Signature of Applicant

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Date

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Email: [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov) Website: [www.radiology.mt.gov](http://www.radiology.mt.gov)**VERIFICATION OF MORAL/PROFESSIONAL CHARACTER**

**APPLICANT:** Complete the upper portion of this form and mail to each of the character references you have listed in your application (page 6).

\_\_\_\_\_  
Legal Signature of Applicant\_\_\_\_\_  
Date\_\_\_\_\_  
Name of Applicant (Please type or print)\_\_\_\_\_  
Address\_\_\_\_\_  
Verification sent to

**CHARACTER REFERENCE:** Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Radiologic Technologists. Your response will be kept confidential.

Name of Reference: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/profession/position \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain:

Do you consider this applicant worthy of approval to practice as a Radiologic Technologist in Montana?

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

\_\_\_\_\_  
Legal Signature of Reference\_\_\_\_\_  
Date

The Applicant and the Board thank you for your assistance.



**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 Status  
License is Current? Yes No If NO, explain \_\_\_\_\_ 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: \_\_\_\_\_