

**MONTANA BOARD OF RADIOLOGIC TECHNOLOGISTS**

PO BOX 200513

301 SOUTH PARK, 4TH FLOOR

HELENA, MONTANA 59620-0513

(406) 444-6880

Email: [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@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****License Requirements for a Radiologic Technologist License:** [[ARM 24.204.408](#), [37-14-302](#), [MCA](#)]

Below are the minimum requirements you must meet to be licensed in the state of Montana.

1. An application for licensure shall be submitted to the board office with copies of the following documents:

a. must be at least 18 years of age;

b. evidence of certification by the American Registry of Radiologic Technologists ([ARRT](#)) in Radiography. Applicants shall submit a copy of their ARRT Radiography certification. Department staff will verify applicants ARRT status through the ARRT verification portal.

**Checklist of Required Documents for a Radiologic Technologist License:**

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type;

Proof of being 18 years of age;

Evidence of certification by the American Registry of Radiologic Technologists ([ARRT](#)) Radiography. Applicants shall submit a copy of their certification by ARRT in **Radiography**. Department staff will verify applicants ARRT status through the ARRT verification portal.

**Application Fee(s) for a Radiologic Technologist:**

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application, you must submit a check. Do not mail cash.

\$100 – Application fee (includes temporary permit if requested to those who have completed the education but has not taken the examination, which expires 15 days after the date of the first opportunity for examination. Only one temporary permit will be issued.)

## **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.
- > 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.

Radiologic Technologist

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. 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

12. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.  YES  NO

State	License#	License Method	Requested Verification?
		<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"/> 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

Internship Program	Diploma Received

Residency Program	Diploma Received

**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

**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 where in 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: \_\_\_\_\_

Endorsement

Other

Licensed by Examination \_\_\_\_\_ (List State) \_\_\_\_\_ (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?  Yes  No  
If YES, explain and attach documentation.

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

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

BOARD SEAL

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_

Date: \_\_\_\_\_