

**MAINTAINING CERTIFICATION**  
**FOR**  
**NEW LICENSES**  
**AFTER JUNE 1, 2013**

**Beginning with all new license applications on and after June 1, 2013, licensee shall maintain certification and document on-going compliance through the ARRT, NMTCB, or ASCP. Proof of certification is required for the original license and will be required for license renewal. The Board believes that on-going certification maintains high professional standards.**

*Adopted 4/18/2012*

**LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS**  
**3108 CLEARY AVENUE, SUITE 207**  
**METAIRIE, LOUISIANA 70002**  
**Phone# [504] 838-5231**  
**Fax# [504] 780-1740**  
**WEBSITE: www.lsrte.org**

The Medical Radiation Health and Safety Act, Act. No 485 became an effective Law on September 3, 1984. The law requires that all persons using radioactive materials or equipment emitting or detecting ionizing radiation on humans for diagnostic or therapeutic purposes be licensed **prior to employment where a license is required.**

Certification from:

The American Registry of Radiologic Technologists (ARRT) as an R.T. (R) qualifies you for licensure as a **Radiographer.**

The American Registry of Radiologic Technologists (ARRT) as an R.T. (N); American Society of Clinical Pathology (ASCP) as a NM; or Nuclear Medicine Technology Certification Board (NMTCB) as a CNMT qualifies you for licensure as a **Nuclear Medicine Technologist.**

The American Registry of Radiologic Technologist (ARRT) as an R.T. (T) qualifies you for licensure as a **Radiation Therapy Technologist.**

In addition, a Radiologic Technologist is required by law to be licensed in every category that he/she works in. For example, if a Technologist works as a Radiography, Nuclear Medicine or Radiation Therapy he/she must meet the certification requirements of the Board and be licensed in each category. That particular Technologist must also pay licensing fees of \$100.00 per category. This licensure fee is renewable every two years. The licensing year is from June 1<sup>st</sup> of the year through May 31<sup>st</sup> of the second year. **Continuing Education will be required for renewal of license.**

Minimum License processing time is 60 to 90 days. Temporary Work Permits to practice are available to a Board Certified Technologist who wishes to ***practice*** before the license can be processed. A Temporary Work Permit can be issued within 3 business days when a properly completed application is received. Proof of **current certification** (photocopy of certification or current card) must be sent along with application for license. Remember that you **must** be issued either a permanent or temporary license **prior** to beginning practice as a Radiologic Technologist.

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The law, **LA R.S. 37:3200 et seq.** requires that the applicant have **current** certification from the certifying board as stated above. Consequently, you must send a photocopy of your **current** card from your certification board, before the Board can issue a permanent license. A current license is one that is in full compliance with ARRT, NMTCB, or ASCP rules and regulations as pertains to Continuing Education. **You are not eligible for a license if you are on C.E. Probation with the ARRT, NMTCB or ASCP.** Certification must also be issued on the basis of having passed the exam for the category in which you are applying. We **do not recognize** ARRT credentials that were issued via past membership in the **ARCRT**

# **APPLICATION BY ENDORSEMENT INSTRUCTIONS**

## **DETERMINATION OF ELIGIBILITY**

These instructions are designed to help you submit a completed application for License as a Radiologic Technologist by Endorsement. This Endorsement application is for persons who have certification from one or more of the organizations we recognize for License eligibility in Louisiana. Those are the AMERICAN REGISTRY of RADIOLOGIC TECHNOLOGISTS, NUCLEAR MEDICINE TECHNOLOGY CERTIFICATION BOARD and the AMERICAN SOCIETY OF CLINICAL PATHOLOGY. You must provide to us a photocopy of your CURRENT certification from one or more of these organizations when you apply for License. If your certification is not current, we will allow you up to ninety days to present current certification.

## **PERSONAL DATA**

Complete this entire section. If a question is not applicable to you enter "NA" into the space provided. The Ethnic Heritage section is for statistical purposes only and we appreciate your completion of this area. As a Licensing Agency we do verify for hospitals and other health care providers the names and status of our License holder.

## **LICENSING DATA**

Check off the category of License for which you are applying. You may apply for more than one category on a single application if you are eligible (have the proper certification) to do so. Licenses are \$100.00 per category. In the event that you are already licensed in Louisiana in another category, you must include your current Louisiana license number(s) on the space provided.

## **CERTIFICATION**

Check off in the space provided and attach a photocopy of your wallet card with a current date. **Failure to do this will substantially delay processing of your License Application.**

## **EDUCATION**

Complete this section. Attach a separate sheet if you have attended more than one program.

## **PHOTO**

You must attach a recognizable photo of yourself by which we may identify you in the event that we are required to conduct on-site investigations. We will not process an application without a photograph. We do not accept photocopies of Drivers License in Lieu of a photo.

## **EMPLOYMENT DATA**

Complete this section. If you are not sure of the employers address, make sure you include their phone number.

## **TEMPORARY WORK PERMIT**

If you need to go to work IMMEDIATELY you must apply for the Temporary Work Permit. This allows you to work in Louisiana as a Radiologic Technologist while the Board processes your license application. A Temporary Permit can be issued within 3 business days when a properly completed application is received. We require 60 to 90 days to issue your permanent License and the Temporary Work Permit is good for 90 days. You may not apply for just the Temporary Work Permit; you must apply for permanent license also. Temporary Work Permits can be verified by you or your prospective employer on the Boards website at [www.lsrtdbe.org](http://www.lsrtdbe.org).

## **CONDUCT QUESTIONS AND APPLICANT'S OATH:**

Answer all questions. A "YES" answer will require you to attach a written explanation of same. Read and sign the Oath.

## **FEES:**

Fees are \$100.00 per category. Temporary Work Permits are an additional \$10.00, payable by check or money order. **The LSRTBE DOES NOT ACCEPT CASH OR CREDIT CARDS.** If you are applying for License in two (2) categories and need a Temporary Work Permit, the Temporary Work Permit fee is still \$10.00 (we do not charge extra for additional categories for a Temporary Work Permit).

**APPLICATION FOR LICENSE BY ENDORSEMENT**  
**LICENSES ISSUED ON OR AFTER JANUARY 1, 2015**  
**LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS**  
**3108 CLEARY AVENUE, SUITE 207 – METAIRIE, LOUISIANA 70002 [504] 838-5231**

Fees are \$100.00 for each licensing category you apply for and are not refundable. Incomplete applications will be held for (1) one year from the date that you originally filed and will then be cancelled. Temporary Work Permits are available for persons who need to start work before the 60 to 90 days required to process your permanent License application. Temporary Permits cost an additional \$10.00.

NAME: \_\_\_\_\_  
Last First Middle Maiden

ADDRESS: \_\_\_\_\_  
Number / Street / Apartment Number

\_\_\_\_\_

City

State

Zip Code

Parish or County

Home / Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ Sex: F M

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

Ethnic Heritage: (OPTIONAL)  Asian  African American  Caucasian  Hispanic  Native American  Other

Are you A U.S. Citizen? \_\_\_Yes \_\_\_No. If no, Provide Alien Registration Number \_\_\_\_\_ Visa Type \_\_\_\_\_

**LICENSING DATA**

Category of License You Are Applying For:  GENERAL RADIOGRAPHER  NUCLEAR MEDICINE  RADIATION THERAPY

Are You Already Licensed in Louisiana in Another Category?  YES  NO. If Yes, License # \_\_\_\_\_

**CERTIFICATION(S) – YOU MUST ATTACH A PHOTOCOPY OF YOUR CERTIFICATION**

- Do you have current certification from?
1. American Registry of Radiologic Technologist, R.T. (R)? \_\_\_Yes \_\_\_No. If yes give ID# \_\_\_\_\_
  2. American Registry of Radiologic Technologist, R.T. (N)? \_\_\_Yes \_\_\_No. If yes give ID# \_\_\_\_\_
  3. American Registry of Radiologic Technologist, R.T. (T)? \_\_\_Yes \_\_\_No. If yes give ID# \_\_\_\_\_
  4. Nuclear Medicine Technology Certification Board, (CNMT)? \_\_\_Yes \_\_\_No. If yes give ID# \_\_\_\_\_
  5. American Society of Clinical Pathology, (ASCP) (NM)? \_\_\_Yes \_\_\_No. If yes give ID# \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY EDUCATION**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Diploma Type:  B.S. Degree  Associate Degree  Certificate Date Awarded: \_\_\_\_\_

Program Facility Type:  College or University  Junior College  Military  Hospital

Name of Applicant (print FIRST and LAST): \_\_\_\_\_

Are you licensed as a Radiologic Technologist in another state(s)? \_\_\_\_ Yes \_\_\_\_ No

If yes, you must attach a copy of your wallet card for each state where you are licensed.

Attach a passport quality photograph of yourself made within the last 6 months in this space.

**CURRENT OR LAST EMPLOYMENT DATA**

Place of Employment:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ Date Employment Begin: \_\_\_\_\_

\_\_\_\_\_

THE FOLLOWING QUESTIONS MUST BE ANSWERED.  
 APPLICANTS WHO ANSWER "YES" MUST PROVIDE AN EXPLANATION OF THE EVENTS THAT OCCURRED AND ALL DOCUMENTATION REVELANT TO THE MATTER.

	YES	NO
Have you ever been convicted of a felony or misdemeanor in any jurisdiction, been a defendant in a military court martial, or received a dishonorable discharge?  You must answer "YES" even though a charge, arrest, or conviction has been pardoned, expunged, dismissed, diverted, withheld, deferred, stayed, set aside, suspended, or entered into a pre-trial diversion, or involved a plea of guilty or no contest (nolo contendere).  You do not need to report juvenile convictions that were processed in juvenile court, traffic citations that did not involve drugs or alcohol, or offenses that were previously reported to and formally cleared by ARRT. However, a copy of the ARRT clearance letter must be attached.		
Have you had any license, registration, or certification denied, revoked, suspended, placed on probation, or subjected to discipline by a regulatory authority or certification board?		
Have you ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet ARRT certification requirements?		
Have you ever been diagnosed with, have, or had a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice as a Radiologic Technologist?		
Are you now or have you ever been addicted to any drug or chemical substance including alcohol?		
Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?		
Has your membership in a state, parish, county or local professional society ever been revoked or denied?		
Has your employment as a Radiologic Technologist ever been terminated due to professional misconduct or professional malpractice on your part?		
Have you ever been the subject of disciplinary action due to professional misconduct or malpractice on your part?		
Have you ever been named as a defendant in a malpractice claim?		
Have you ever VOLUNTARILY surrendered your license or, has your professional license ever been restricted, placed on probation, suspended or revoked by a licensing agency?		

Name of Applicant (print FIRST and LAST): \_\_\_\_\_

**APPLICANTS OATH**

I hereby certify under oath that all statements I have made in this application are true, that I am the person named in the certification herewith presented and that I am the original and lawful possessor of these documents; that in consideration of the issuance to me of a license to practice in Louisiana, I swear that I shall abstain from fraudulent methods of practice and from immoral, unprofessional and unethical conduct and that I shall not associate professionally with any person who resorts to unethical practices, and I hereby agree that any violation of this oath shall constitute sufficient cause for the revocation of said license and surrender of the rights and privileges that accrued to me there under.

In the event that I become the subject of an investigation of actual or alleged violations related to the holding of this License, I hereby authorize all hospitals, institutions or organizations, my references, employers both past and present and all governmental agencies and instrumentalities (local, parish/county, state, federal or foreign) to release to the LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS any information, files or records requested by the Board. I further authorize the LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS to release to any such organization, individual or group having reasonable need therefore any information supplied to or obtained by the Board in connection with my application or relative to the status of any license or permit issued to me as a result of such application.

If signed and dated on or after June 1, 2013 I shall maintain certification through the ARRT, NMTCB, or ASCP, and document that I am in good standing/CE compliant at the time of each renewal.

Signed: \_\_\_\_\_  
NAME IN FULL DATE

MAIL LICENSE APPLICATION FORM AND FEES TO:  
LOUISIANA STATE RADIOLOGIC THECHOLOGY BOARD OF EXAMINERS  
3108 CLEARY AVENUE, SUITE 207  
METAIRIE, LOUISIANA 70002

MAKE CHECK OR MONEY ORDER PAYABLE TO: LA STATE R.T. BOARD  
LSRTBE DOES NOT ACCEPT CASH OR CREDIT CARDS

OFFICE USE ONLY

1.	R	N	T	LICENSE AUDIT CONTROL NUMBER:	R	N	T
2.	LICENSE ISSUE DATE:	/	/	CERTIFICATION VERIFIED:			
3.	LICENSE NUMBER(S):	(R)	(N)	(T)			
4.	TOTAL FEE PAID: \$	CK#	MO#				

Name of Applicant (print FIRST and LAST): \_\_\_\_\_

## TEMPORARY WORK PERMIT BY ENDORSEMENT

COMPLETE THIS SECTION OF THE APPLICATION IF YOU WISH TO PRACTICE AS A RADIOLOGIC TECHNOLOGIST IN LOUISIANA, WHERE A LICENSE TO PRACTICE IS REQUIRED BY LAW, WHILE YOUR APPLICATION FOR PERMANENT LICENSE IS BEING PROCESSED. TEMPORARY WORK PERMITS CAN ONLY BE ISSUED TO THOSE PERSONS WHO ARE ALSO APPLYING FOR PERMANENT LICENSE IN ONE OF THE THREE CATEGORIES LISTED. THE TEMPORARY PERMIT IS ISSUED FOR A PERIOD OF NINETY (90) DAYS FROM THE RECEIPT OF A COMPLETE APPLICATION. THIS AGENCY GENERALLY REQUIRES 60 TO 90 DAYS TO PROCESS AN APPLICATION FOR LICENSE. IN THE EVENT THAT YOU KNOW YOU WILL NOT BE EMPLOYED AS A RADIOLOGIC TECHNOLOGIST IN OUR STATE DURING THAT PERIOD YOU WILL NOT NEED TO APPLY FOR THIS TEMPORARY WORK PERMIT. REMEMBER ..... IT IS ILLEGAL FOR YOU TO EXPOSE HUMANS TO IONIZING RADIATION FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES WITHOUT THE LICENSE OR TEMPORARY WORK PERMIT THAT IS ISSUED BY THIS AGENCY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**\*\*Where in Louisiana do you expect to be employed as a Radiologic Technologist? \*\***

Employer:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Zip:

\_\_\_\_\_

Phone Number: (       )

Date employment will begin:

\_\_\_\_\_

### OFFICE USE ONLY

Temporary Permit Issue Date:

Expiration Date:

\_\_\_\_\_

Audit Control:

\_\_\_\_\_

Name of Applicant (print FIRST and LAST): \_\_\_\_\_

**AFFIDAVIT  
MUST BE COMPLETED/NOTARIZED FOR ALL APPLICANTS  
RETURN WITH APPLICATION**

I, \_\_\_\_\_, being duly sworn, state that I am the person referred to in this application for licensure as a Radiologic Technologist by Endorsement in the State of Louisiana; that the statements herein contained are true in every respect; that I have read and understand this affidavit. Falsification of any information accompanying or contained on this application will result in denial of licensure and may result in disciplinary action.

\_\_\_\_\_  
Signature of Applicant (MUST sign before Notary)

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expires \_\_\_\_\_

State of \_\_\_\_\_

Parish or County \_\_\_\_\_

(NOTARY SEAL)  
NOTARY - IMPRINT THIS  
PAGE ONLY