

**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*

# **APPLICATION BY EXAMINATION INSTRUCTIONS**

## **DETERMINATION OF ELIGIBILITY:**

These instructions are designed to help you submit a completed application for License as a Radiologic Technologist by Examination. This Examination application is for persons who have graduated or are about to graduate from an accredited Radiology Program that is recognized by the AMERICAN REGISTRY of RADIOLOGIC TECHNOLOGISTS (ARRT) or the NUCLEAR MEDICINE TECHNOLOGY CERTIFICATION BOARD (NMTCB). These are the two agencies that we contract with for testing purposes and the exams that they administer are considered the Louisiana State Radiologic Technology Board exams for the Radiological Sciences (Radiographer, Nuclear Medicine Technologist and Radiation Therapy Technologist). You must pass the applicable exam category in order to be eligible for License.

**IT IS YOUR RESPONSIBILITY TO APPLY TO THE ARRT OR THE NMTCB TO TAKE THESE EXAMS. WE DO NOT APPLY FOR YOU. WE ABIDE BY THEIR RULES, REGULATIONS AND DEADLINES RELATING TO YOUR ELIGIBILITY TO TAKE THEIR EXAMS AND SUBMISSION OF YOUR APPLICATION TO THEM.**

You May contact them at:

**ARRT (651) 687-0048 \*\*\* NMTCB (404) 315-1739**

## **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

## **EXAMINATION CATEGORY DATA**

Check off the category of License for which you are applying. In the event that you are already licensed in Louisiana in another category, you must include that license number on the application.

## **RADIOLOGIC TECHNOLOGY EDUCATION:**

Complete this section **CAREFULLY**. Your Program Director will be happy to help you with this section.

## **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.

## **TEMPORARY WORK PERMIT**

If you need to go to work **IMMEDIATELY** after you finish your program, you must apply for the Temporary Work Permit. This allows you to work in Louisiana as a Radiologic Technologist while we await your exam scores. You may not apply for just the Temporary Work Permit; you must also apply for permanent license. We issue the Temporary Work Permit with the start date being the same day that you officially complete your program, as provided by your Program Director. A Temporary Work Permit can be issued within 3 business days when a properly completed application is received. We require 60 to 90 days to issue the permanent License. The Temporary Work Permit will expire ninety **(90) days** after the issue date. You must have sat for the **ARRT** or **NMTCB** exam within forty-five **(45) days** from the completion of your program. If the exam is failed or not taken within time period of the Temporary Work Permit, the Temporary Work Permit will expire; you will not be allowed to work in Louisiana as a Radiologic Technologist until you pass the exam. We do not give extension on permits. Temporary Work Permits can be verified by you or your prospective employer on the Boards website at [www.lsrtrbe.org](http://www.lsrtrbe.org). We are notified of scores by the examination agencies approximately four **(4) weeks** after the exam date. You will receive your scores by mail directly from the testing agency. If you receive a passing score and had no other problems affecting your eligibility, we will issue your License prior to the expiration date on your Temporary Work Permit.

## **VERIFICATION FROM PROGRAM DIRECTOR:**

This section must be completed and signed by your Program Director. Directly below that section is the agreement that **you** must sign in order for us to receive your scores.

## **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.** Your cancelled check or the money order/cashier's check stub is your receipt.

*In compliance with Act 655 of the 2018 Regular Legislative Session, this Board gives notice to its licensees and applicants of their opportunity to file a complaint about Board actions and procedures. You may submit a complaint to one or more of the following:*

- (1) Louisiana Radiologic Technology Board of Examiners; 3108 Cleary Ave., Suite 207, Metairie, LA 70002; (504) 838-5231; laradbrd@bellsouth.net*
- (2) Committee on House & Governmental Affairs, LA House of Representatives; PO Box 44486, Baton Rouge, LA 70804; (225) 342-2403; h&ga@legis.la.gov*
- (3) Committee on Senate & Governmental Affairs, LA Senate; PO Box 94183, Baton Rouge, LA 70804; (225) 342-9845; s&g@legis.la.gov*

**APPLICATION FOR LICENSE BY EXAMINATION**  
**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 (failed the examination) will be held for (1) one year from the date that you originally filed. Temporary Work Permits are available for persons who need to start work before taking the examination and receiving your score. Temporary Work Permits are an additional \$10.00.

NAME:

\_\_\_\_\_

Last                                  First                                  Middle                                  Maiden

ADDRESS:

\_\_\_\_\_

Number / Street / Apartment Number

\_\_\_\_\_

City                                  State                                  Zip Code                                  Parish or County

Home / Cell Phone: (       )                                  Email: \_\_\_\_\_

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

**EXAMINATION CATEGORY**

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 # \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY EDUCATION**

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

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

City                                  State                                  Zip Code

Dates Attended: From    /    /                                  To    /    /

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): \_\_\_\_\_

### VERIFICATION FROM PROGRAM DIRECTOR

This applicant (has / will have) completed the approved accredited educational program at:

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 INSTITUTION ON DATE

\_\_\_\_\_  
 NAME OF PROGRAM DIRECTOR PLEASE PRINT

\_\_\_\_\_  
 PROGRAM DIRECTOR SIGNATURE DATE

PROGRAM DIRECTOR MUST SELECT ONE OF THE BELOW:

Program holds Regional accreditation by CHEA

Program holds JRCERT or JRCNMT Programmatic accreditation by CHEA

**AGREEMENT: I HEREBY GRANT PERMISSION TO THE ARRT OR THE NMTCB TO RELEASE MY EXAM SCORES TO THE LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS IN ORDER TO DETERMINE MY LICENSING ELIGIBILITY.**

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

**APPLICATION INFORMATION:** It is the responsibility of the applicant to apply to the ARRT or the NMTCB in order to take the licensing examination. We do not apply for you. We abide by their rules, regulations and deadlines relating to your eligibility to take their exams and submission of your application to them. The ARRT may be contacted at: [651] 687-0048. The NMTCB may be reached at [404] 315-1739

**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 consideration of granting to me a license to practice as a Radiologic Technologist, I do hereby agree to perform the duties of a Radiologic Technologist in the category or categories for which application is being made, only under the direction of a person whose qualifications are acceptable to the Louisiana State Board of Medical Examiners; and to abide by the Rules and Regulations of the Louisiana State Radiologic Technology Board of Examiners and to conduct myself in a manner appropriate to the dignity of my profession consistent with the CODE OF ETHICS of the Louisiana State Radiologic Technology Board of Examiners.

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

This space is for Louisiana Radiologic Technologist Use ONLY

1.	R	N	T	LICENSE AUDIT CONTROL NUMBER:	R	N	T
2.	LICENSE ISSUE DATE:	/	/	EXAM CATEGORY:	ARRT#:		
3.	ARRT SCORE:	PASS:	FAIL:				
4.	LICENSE NUMBER(S):	(R)	(N)	(T)			
5.	TOTAL FEE PAID: \$	CK#	MO#				

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

## TEMPORARY WORK PERMIT BY EXAMINATION

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 WE ARE AWAITING YOUR EXAMINATION SCORES. TEMPORARY WORK PERMITS ARE ONLY AVAILABLE TO THOSE PERSONS WHO ARE ALSO APPLYING FOR PERMANENT LICENSE IN ONE OF THE THREE CATEGORIES LISTED.

This Temporary Work Permit is issued for one time only and is valid pending results of the applicant's first ARRT/NMTCB examination. The permit to work expires on the day stated on the permit. The applicant who passes the ARRT/NMTCB Examination shall receive his/her License to practice as soon as the Board can process same. The applicant who fails the examination may not have an extension nor receive a second Temporary Work Permit and must cease to practice as a Radiologic Technologist on the expiration date of the Temporary Work Permit.

Temporary Work Permits are not issued until you have applied and considered eligible for a certification exam (ARRT, NMTCB), and this office receives final verification.

I have read the information on this page and the Application for License by Examination and do understand and agree to abide by the conditions set forth by the Board in issuing to me a Temporary Work Permit pending the Board's receipt of results of the ARRT/NMTCB examination.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_ Check here is currently seeking employment in Louisiana

**\*\*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 Examination 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