

PERMANENT INITIAL RADIOLOGIC TECHNOLOGIST LICENSE

OREGON STATE BOARD OF RADIOLOGIC TECHNOLOGY
www.oregon.gov/radtech

DO NOT TAKE FILMS/IMAGES BEFORE YOUR LICENSE IS ISSUED!
The application fee for a license is non-refundable.

ARRT CERTIFICATION

You must be registered with the American Registry of Radiologic Technologists (ARRT) and be in good standing. **You are not eligible to make application if you are on Continuing Education (CE) Probation with the registry.**

- **Attach a copy of your current (valid) wallet size registration card.**

SOCIAL SECURITY NUMBER

As part of your application for a permanent license issued by the Oregon Board of Radiologic Technology (OBRT), you are required to provide your Social Security Number (SSN) this is mandatory. SSN reporting is required by Internal Revenue Service per ORS 305.385 (3) relating to failure to pay or file taxes; by the Scholarship Commission per ORS 348.393-348.399 relating to student loan defaults; and by the Division of Child Support per ORS 25.785 relating to enforcement of child support obligations.

Failure to provide your SSN will be a basis to refuse to issue the license you seek. Although a number other than your SSN appears on the face of the license issued by OBRT, your SSN will remain on file with OBRT. This record of your SSN will be used for purposes listed above only, unless you authorize other uses of the number.

FEES

The **non-refundable** license fee must accompany your application. Use the "Fee Calculator" on our website (http://www.oregon.gov/RadTech/fee_calc.shtml), and complete Part 2 of the application. Please make your check payable to OBRT and mail your application, accompanying documents and fee to:

**OBRT
800 NE Oregon St., Suite 1160A
Portland, OR 97232**

**Allow 5-10 WORKING DAYS for processing, provided you do not have criminal history.
Applicants with criminal history must appear and be approved by the Board.**

42601 0811 \$_____

PERMANENT INITIAL RADIOLOGIC TECHNOLOGIST LICENSE

OREGON STATE BOARD OF RADIOLOGIC TECHNOLOGY

PHONE: (971) 673-0215

FAX: (971) 673-0218

READ THE INSTRUCTIONS BEFORE
COMPLETING THE APPLICATION.
Incomplete information,
including necessary documents,
will delay your license.

STAPLE
APPLICANT'S
PHOTOGRAPH

A PHOTOCOPIED PICTURE WILL NOT
BE ACCEPTED

PART 1 VITAL STATISTICS (You must update any changes within 30 days.)

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Home Address		Social Security #
_____	_____	_____
City	State	Zip
_____	_____	_____
Date of Birth	Residence phone # with area code	Work Phone # with area code
E-mail: _____		

Have you a **license (temporary or permanent)** to practice radiologic technology or radiation therapy in Oregon? If yes, please provide the expiration date of licensure: _____ **Yes** **No**

PART 2 CATEGORY OF LICENSE REQUESTED

42601 0811 The license fee is on the OBRT website: www.oregon.gov/radtech \$_____

[Circle One] Diagnostic Therapeutic Diagnostic & Therapeutic

Please **obtain the correct fee amount** from the OBRT web site, from the menu bar under **Fee Calculator**. Insert your birth month and year and click "calculate fees". The correct amount will be displayed and insert the amount in the upper left hand corner and in Part 2 of the application.

**Allow 5-10 WORKING DAYS for processing, provided you do not have criminal history.
Applicants with criminal history must appear and be approved by the Board.**

(For office use only)	License# _____	Verified: _____
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PART 3 - EDUCATION IN RADIOLOGIC TECHNOLOGY OR RADIATION THERAPY

Please provide the following information regarding your education in radiologic technology or radiation therapy.

Name of College or Program

City State

Phone number including area code: _____

Date of Graduation: _____

Attendance: From _____ To _____ Date Diploma awarded _____

PART 4 - IF YOU WORK WITH A TEMPORARY/TRAVELING AGENCY

Please provide the following information:

Name of temporary agency (Please list additional agencies you are working with on a separate sheet)

Mailing address City State Zip

Contact person Phone # with area code

PART 5 - EMPLOYMENT INFORMATION

If you are not yet employed please write N/A or "Not Yet Employed"

Are you currently using ionizing radiation on a human being for diagnostic or therapeutic purposes under the supervision of a licensed health care practitioner in Oregon? **Yes** **No**

Do you work for more than one employer? If yes, use a separate sheet to list additional employers.

(Prospective) Oregon employer

Department: _____ Phone # with area code: _____

Mailing address City State Zip

If employed, please provide the initial date of employment: _____

PART 6 – ARRT CREDENTIALING

ATTACH A COPY OF YOUR ARRT WALLET CARD

You are not eligible to make application if you are on Continuing Education (CE) Probation with the registry.

I am currently registered with The American Registry of Radiologic Technologists (ARRT) my registry number is: _____. I have attached a copy of my wallet size card.

PART 7 - ARREST AND CONVICTION RECORD

The Board will conduct a criminal records check through the Law Enforcement Data System (LEDS).

Have you ever had an **arrest** that has not been reported to the board?

Misdemeanor Yes _____ No _____

Felony Yes _____ No _____

Have you ever had a **conviction** that has not been reported to the board?

Misdemeanor Yes _____ No _____

Felony Yes _____ No _____

Do you have any pending disciplinary investigations or have you had any professional license subject to disciplinary action in Oregon or another State or by any licensing agency?

Yes _____ No _____

If you answered “**yes**” to any of the above, please provide your **letter of explanation**, listing the violation(s) on a separate sheet. Include the (1) date, (2) place of your arrest, (3) circumstances, and (4) penalty imposed, and (5) **provide copies of the police report and court documents.**

PART 8 - AGREEMENT

In consideration of my receiving a permanent license from the Oregon State Board of Radiologic Technology, I do hereby agree to abide by Oregon laws and administrative rules pertaining to the practice of radiologic technology (ORS 688.405 to 688.605; ORS 688.915 to 688.990; OAR Chapter 337).

I AM AWARE THAT IF ANY CHANGES OCCUR IN MY EMPLOYMENT AND/OR HOME ADDRESS AND PHONE NUMBER, THE BOARD MUST BE NOTIFIED ON AN ONLINE:

“UPDATE INFORMATION FORM” AT: www.oregon.gov/radtech WITHIN 30 DAYS.

I certify that the information appearing on this application is accurate and true to the best of my knowledge. I am aware the Board will conduct a criminal records check through the Oregon State Police, Law Enforcement Data System (LEDS) and if necessary, fingerprint cards may be required for a nationwide criminal records check.

Signature of applicant

Date

ALL APPLICATION FEES ARE NON-REFUNDABLE