

LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

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To: Registered Technologists

From: Susan Hammonds-Guarisco, BSRT(R) Chairman

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.**

Credentials* from ARRT as an R.T.(R) qualifies you for licensure as a **Radiographer**. Credentials from ARRT as a R.T.(N), ASCP as a NM, or NMTCB as a CNMT qualifies you for licensure as a **Nuclear Medicine Technologist**. Credentials from ARRT as a 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 in both Radiography and Nuclear Medicine, he/she must meet the credentialing requirements of the Board and be licensed in both Radiography and Nuclear Medicine Technology. That particular Technologist must also pay two licensing fees of \$50.00 each. This licensure fee is renewable every two years. The licensing year is from June 1st of the first year through May 31st of the second year. **Continuing Education will be required for renewal of license.**

Minimum license processing time is 60 to 90 days. Temporary permits to practice are available to Board Certified Technologists who wish to **practice** before the license can be processed. A Temporary Permit can be issued within 3 working 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. Temporary permits are issued to qualified applicants within 3 days of date of receipt of the completed applications for license and temporary permit. Remember that you **must** be issued either a permanent or temporary license **prior** to beginning practice as a Radiologic Technologist.

The law, **LA R.S. 37:3200 et seq.** requires that the applicant have **current** credentials from the certifying board as stated above. Consequently, you must send photocopy of your **current** card from your credentialing board, before the Board can issue a permanent license. A current license is one that is in full compliance with ARRT rules and regulations as pertains to Continuing Education. **You are not eligible for license if you are on C.E. Probation with the ARRT.** The ARRT credentials must also be issued on the basis of having passed the ARRT 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 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 credentials 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 PATHOLOGISTS. You must provide to us a photocopy of your CURRENT credentials from one or more of these organizations when you apply for License. If your credentials are not current, we will allow you up to ninety (90) days to present current credentials.

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 holders and we periodically publish a Directory of Licensees. "WE DO NOT RELEASE ANY PHONE NUMBERS. WE REALIZE THAT MANY OF YOU HAVE PRIVATE NUMBERS."

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 credentials) to do so. Licenses are fifty (\$50.00) per category. In the event that you are already Licensed in Louisiana in another category, you must include a photocopy of your wallet card with your application.

CREDENTIALS:

Check off in the space provided and attach a photocopy of your wallet card with a current date. Very important! 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.

EMPLOYMENT DATA:

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

TEMPORARY WORK PERMIT:

If you need to go to work IMMEDIATELY you must apply for the Temporary Permit. This allows you to work in Louisiana as a Radiologic Technologist while we process your application. We require 45 to 60 days to issue your permanent License and the Temporary Permit is good for 90 days. You may not apply for just the Temporary Permit, you must apply for permanent license also. The Temporary Permit is an additional ten (\$10.00) dollars and we are able to issue on the same day we receive a completed application for permanent License. We will fax copies of the Temporary Permit to you or the prospective employer on request.

CONDUCT QUESTIONS AND APPLICANT'S OATH:

Answer all questions. Any yes answers will require you to attach a written explanation of same. Read and sign the Oath.

FEES:

Fees are \$50.00 per category of License, payable by check or money order. Do not send cash through the mail. Temporary Permits are an additional \$10.00. Example: If you apply for License as a Radiographer and you need to have a Temporary Permit, the fee is \$60.00. If you are applying for License as Radiographer and you do not need a Temporary Permit, the fee is \$50.00. If you are applying in two categories and need a Temporary Permit, the fee is \$110.00 (we do not charge extra for additional categories in the Temporary Permit).



APPLICATION FOR LICENSE BY ENDORSEMENT

LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS
3108 CLEARY AVENUE, SUITE 207 METAIRIE, LOUISIANA 70002 [504] 838-5231
APPLICATION FOR LICENSE TO PRACTICE RADIOLOGIC TECHNOLOGY BY ENDORSEMENT

FEEs ARE \$50.00 FOR EACH LICENSING CATEGORY YOU APPLY FOR AND ARE NOT REFUNDABLE. INCOMPLETE APPLICATIONS WILL BE HELD FOR ONE (1) YEAR FROM THE FILING DATE AND WILL THEN BE CANCELLED. TEMPORARY PERMITS ARE AVAILABLE IF YOU NEED TO START WORK BEFORE THE 45 TO 90 DAYS REQUIRED TO PROCESS YOUR PERMANENT LICENSE APPLICATION. TEMPORARY PERMITS COST AN ADDITIONAL \$10.00.

PERSONAL DATA

NAME:

Last First Middle Maiden

ADDRESS:

Number / Street / Apartment Number

City State Zip Code Parish / County

RESIDENCE PHONE: ()

Date of Birth Birthplace Sex: Male Female

Social Security Number Ethnic Heritage: Asian

Drivers License Number State Issued Black Hispanic

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, ATTACH A PHOTOCOPY OF YOUR WALLET CARD.

CERTIFICATION(S)--YOU MUST ATTACH A PHOTOCOPY OF YOUR CREDENTIALS.

DO YOU HAVE CURRENT CREDENTIALS FROM:

1. AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS, R.T. (R)? YES NO. IF YES GIVE ID#
2. AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS, R.T. (N)? YES NO. IF YES GIVE ID#
3. AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS, 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 PATHOLOGISTS, (ASCP) (NM)? YES NO. IF YES GIVE ID#

RADIOLOGIC TECHNOLOGY EDUCATION

NAME(S) OF SCHOOL(S):

ADDRESS: CITY: STATE: ZIP:

DIPLOMA TYPE: B.S. DEGREE ASSOCIATE DEGREE CERTIFICATE DATE AWARDED:

PROGRAM FACILITY TYPE: COLLEGE/UNIVERSITY; JUNIOR/COMMUNITY COLLEGE; HOSPITAL; MILITARY;
"ON THE JOB TRAINING" OTHER(specify): NO/TECH SCHOOL

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 recent photograph of yourself here.
Head and shoulder shots are fine. Polaroids are also acceptable.

CURRENT OR LAST EMPLOYMENT DATA

Place of Employment:

Address:

City:

State:

Zip:

Department:

Date Employment Began:



TEMPORARY WORK PERMIT SECTION

COMPLETE THIS SECTION OF THE APPLICATION IF YOU WISH TO PRACTICE AS A RADIOLOGIC TECHNOLOGIST IN LOUISIANA WHERE A LICENSE IS REQUIRED, 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 (45) 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.

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 Number:

CURRENT EMPLOYMENT

PLACE OF EMPLOYMENT:

EMPLOYERS ADDRESS:

CITY: STATE: ZIP:

DEPARTMENT: TELEPHONE: () DATE EMPLOYED: / /19__

THE FOLLOWING QUESTIONS MUST BE ANSWERED. ATTACH A SEPARATE WRITTEN EXPLANATION FOR ANY "YES" ANSWERS.

	YES	NO
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?		
Have you ever been charged with, convicted of, pled guilty or no contest, received a suspended sentence or had adjudication withheld in connection with a FELONY or MISDEMEANOR violation of a state or federal statute? Misdemeanor speeding convictions not related to alcohol or drug use are not required to be reported.		
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?		

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 credentials 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 thereunder.

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 therefor 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.

Signed:

NAME IN FULL DATE

MAIL LICENSE APPLICATION FORM AND FEES TO:(Use Adequate Postage! We do not accept"postage due mail":
 LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS
 3108 CLEARY AVENUE, SUITE 207
 METAIRIE, LOUISIANA 70002
 MAKE CHECK OR MONEY ORDER PAYABLE TO : LA STATE R. T. BOARD DO NOT SEND CASH! ! !

OFFICE USE ONLY

1. R N T LICENSE AUDIT CONTROL NUMBER: R N T

2. LICENSE ISSUE DATE: / / APPROVED BY:

3. LICENSE NUMBER(S): CREDENTIALS VERIFIED BY:

3. TOTAL FEE PAID \$ CK# MO#