

**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*

## **To: Licensed Nuclear Medicine Technologists**

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.** At the regular session of 2010, Act No. 485 was amended by Act No. 75. Act No. 75, became law on March 1, 2012 to provide for the inclusion of Fusion Technologist as a license category.

**Credentials from ARRT as a R.T. (N), ASCP as a NM, NMTCB as a CNMT or the LSRTBE as a Nuclear Medicine Technologist makes you eligible for licensure as a Fusion Technologist once you have qualified for and passed the ARRT CT certification exam.**

**The applicant is required to comply completely with the terms and conditions stated on the application in order to be eligible for the Temporary Permit to obtain the CT training required by the ARRT to become eligible for the CT certification exam. The LSRTBE requires that the applicant have a clinical training agreement in place at the time application for the Fusion Technologist Temporary Permit is filed.**

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 \$100.00 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.**

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 a temporary license **prior** to beginning CT clinical training. The Temporary Permit is valid for one year.

# APPLICATION FOR LICENSE AS A FUSION TECHNOLOGIST

LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS  
3108 CLEARY AVENUE, SUITE 207  
METAIRIE, LOUISIANA 70002 [504] 838-5231

You must be currently licensed as a Nuclear Medicine technologist in order for your application to be processed.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SOC SEC NO: \_\_\_\_\_

## FUSION TECHNOLOGY LICENSE SELECTION

FUSION TECHNOLOGIST (\$100.00)       TEMPORARY PERMIT FOR CT CLINICAL TRAINING (\$10.00)

## CURRENT EMPLOYMENT INFORMATION

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Employers Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Department Telephone Date Employed – month / year

## CLINICAL CT TRAINING SITE INFORMATION

\_\_\_\_\_  
Site

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Department Telephone

**YOU MUST INCLUDE INFORMATION ON WHERE YOU INTEND TO RECEIVE YOUR  
CLINICAL TRAINING IN CT**

**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.**

**IF YES, AND THIS OFFICE ALREADY HAS THE DOCUMENTATION CHECK HERE \_\_\_\_\_**

	YES	NO
<p>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?</p> <p>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).</p> <p>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.</p>		
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?		

### 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. 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 or county, state, federal / national 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 for 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 APPLICATION, VERIFICATION IDENTIFICATION FORM AND ASSOCIATED FEES TO LA STATE RADIOLOGY BOARD  
 3108 CLEARY AVENUE, SUITE 207 – METAIRIE, LOUISIANA 70002  
 PLEASE USE ADEQUATE POSTAGE – WE DO NOT ACCEPT "POSTAGE DUE" MAIL  
 MAKE CHECK OR MONEY ORDER PAYABLE TO: "LOUISIANA STATE R.T. BOARD" NO CREDIT CARDS OR CASH  
 OFFICE USE ONLY - OFFICE USE ONLY - OFFICE USE ONLY - OFFICE USE ONLY**

R'ECD \_\_\_\_/\_\_\_\_/\_\_\_\_      FUSION LICENSE \_\_\_\_\_      TEMPORARY PERMIT \_\_\_\_\_  
 TEMP ISSUE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_      TEMP EXP DATE \_\_\_\_/\_\_\_\_/\_\_\_\_      AUDIT # \_\_\_\_\_  
 PERM ISSUE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_      PERM EXP DATE \_\_\_\_/\_\_\_\_/\_\_\_\_      AUDIT # \_\_\_\_\_      LIC # \_\_\_\_\_  
 TOTAL FEE PAID: \_\_\_\_\_      CK#: \_\_\_\_\_      MO#: \_\_\_\_\_

## **APPLICATION INSTRUCTIONS**

- 1. The applicant is expected to complete the CT exam requirements of the ARRT and pass the exam within the dates specified.**
- 2. The applicant must complete four (4) ARRT/Board approved CE credit hours in CT contrast media/drug administration.**
- 3. The applicant must possess a current unrestricted license to practice nuclear medicine technology.**
- 4. The applicant must have a clinical training agreement in place prior to application for this permit.**
- 5. This permit allows the applicant to gain the clinical experience required to meet the eligibility requirements of the ARRT CT certification exam.**
- 6. Upon successful completion of the ARRT CT certification exam, the applicant will become eligible for the Fusion Technologist License.**
- 7. The Fusion Technologist License will allow the Fusion Technologist to perform the CT component of to PET/CT exam only in a setting where the PET/CT machine are combined or “hybrid.”**
- 8. The Fusion Technologist License will not allow the licensee to perform independent CT exams in a non- PET setting.**
- 9. The LSRTBE defines direct supervision as “a Licensed Physician, who is a Board credentialed Diagnostic and/or Nuclear Medicine Radiologist, and must be present in the hospital or office suite immediately available to furnish assistance. This does not require the physician to be present in the room during the procedure.**
- 10. The fee for the Temporary Permit is \$10.00  
First time applicants are required to pay for the Fusion Technologist license and Temporary Permit, Total \$110.00.**
- 11. The fee for the Fusion Technologist license is \$100.00 without the Temporary Permit.**
- 12. The applicant will be required to provide the full name of the supervising physician(s) and licensed technologist(s) providing the clinical training.**

# Fusion Technology Clinical Training Agreement

This document will serve as an Agreement between \_\_\_\_\_ (Mentor or Facility)  
and \_\_\_\_\_ (Trainee).

This Letter of Agreement is effective from the \_\_\_\_\_ (day), \_\_\_\_\_ (month), \_\_\_\_\_ (year),  
and will remain effective for **one year**.

## 1. Responsible Persons for Education and Supervision

The following individual(s) (Mentors) shall be responsible for the administration, education and supervision of the Trainee during Trainee's fusion technology clinical educational experience at \_\_\_\_\_ (Facility). List Name of Mentors Below:

## 2. Educational Goals and Objectives

The trainee shall minimally complete and document the most current ARRT Clinical Experience Requirements for certification. It is strongly recommended that trainee review the following at [www.arrt.org](http://www.arrt.org)

- Computed Tomography Clinical Experience Requirements
- Content Specifications for the Computed Tomography Examination

Mentor(s) will be responsible for the activities of the Trainee to ensure that the Clinical Experience Requirements are met for the Trainee during the course of Trainee's clinical training at Facility.

## 4. Responsibility for Teaching, Supervision, and Evaluation of Trainee

Mentor shall be responsible for providing adequate supervision of the Trainee during the course of Trainee's clinical training experience at Facility. Trainee will be expected to be supervised in all Trainee's activities commensurate with the complexity of care being given and the Trainee's own abilities and experience.

\_\_\_\_\_  
Name (Mentor, or Facility) & Date

\_\_\_\_\_  
Trainee & Date

**Clinical Experience Documentation Form – Computed Tomography**

*Procedures should be organized as presented in this Clinical Experience Requirements Document. Like procedures must be grouped together.*

APPLICANT NAME:

LSRTBE License #

Category and Procedure Performed	Date mm/dd/yy	Time of Day	<u>Facility Name</u>	Physician/Tech verification initials
<b>Example: Head</b>			<b>General Hospital</b>	
Routine head	<b>01/01/11</b>	<b>10:15 a.m.</b>	<b>General Hospital</b>	<i>(handwritten)</i>
Routine head	<b>01/01/11</b>	<b>3:00 p.m.</b>	<b>General Hospital</b>	<i>(handwritten)</i>
Routine head	<b>01/02/10</b>	<b>8:00 a.m.</b>		<i>(handwritten)</i>

APPLICANT NAME:

LSRTBE License #

Category and Procedure Performed	Date mm/dd/yy	Time of Day	Facility Name	Physician/Tech Verifier Initials

This form may be reproduced



**VERIFICATION IDENTIFICATION**

On this page provide the full name and address of the Physician and Technologist verifying the performance of the procedures on the **Computed Tomography Clinical Experience Documentation Form**. The LSRTBE reserves the right to contact the individuals listed.

**PHYSICIAN**

- 1. \_\_\_\_\_  
Physician name
- 2. \_\_\_\_\_  
Physician address phone #
- 3. \_\_\_\_\_  
Physician signature

**LICENSED TECHNOLOGIST**

- 1. \_\_\_\_\_  
Technologist name
- 2. \_\_\_\_\_  
Technologist address phone #
- 3. \_\_\_\_\_  
Technologist signature

**PHYSICIAN**

- 1. \_\_\_\_\_  
Physician name
- 2. \_\_\_\_\_  
Physician address phone #
- 3. \_\_\_\_\_  
Physician signature

**LICENSED TECHNOLOGIST**

- 1. \_\_\_\_\_  
Technologist name
- 2. \_\_\_\_\_  
Technologist address phone #
- 3. \_\_\_\_\_  
Technologist signature