

# STATE OF MAINE

## RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

### APPLICATION FOR EXAMINATION & LICENSURE

- **LIMITED RADIOGRAPHER**



Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
(Mailing) 35 State House Station, Augusta, ME 04333  
(Physical Location) 76 Northern Ave. Gardiner, ME 04345

Office Telephone: (207) 624-8634  
Office Facsimile: (207) 624-8637  
TTY USERS CALL MAINE RELAY 711  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE (    )	FAX (    )	E-MAIL	

<b>Radiologic Technology Board of Examiners</b>	<b>Office Use Only:</b> 1421 - \$100.00 2619 - \$21.00
Required Fee: \$121 (includes Criminal History Records Check Fee)	
<b>Please Select License Type:</b> <input type="checkbox"/> Limited Radiographer (LT1421)	
Rev. 8/2022	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____

<b>PAYMENT OPTIONS:</b> Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:	
NAME OF CARDHOLDER (please print)	<i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>
MAILING ADDRESS OF CARDHOLDER (please print)	
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$_____	
<input type="checkbox"/> I understand that fees are non-refundable	
Card number:      XXXX-XXXX-XXXX-XXXX	Expiration Date      mm / yyyy
<b>SIGNATURE</b>	<b>DATE</b>

**Educational History of Applicant**

Degree Earned:	Date Received:
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**Course of Study**

Name of Educational Institution or Content Provider:	Telephone Number:
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Mailing Address:

City:	State:	Zip Code:
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Course Accreditation or Approvals, Such as ASRT (if any):

Date of Completion:

Type:

- Self Study
- Courses taught by a fully-licensed radiographer, physicist or licensed practitioner (provide name(s), license type(s) and license number(s) below):

Name	License Type	License Number

### Credentialing History

Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? [ ] YES [ ] NO

If yes, enclose a detailed explanation and copies of all documents.

Please list all professional licenses that you hold or have ever held.

Profession	License #	State/Country	Date Issued	Expiration Date

### Affirmation

By my signature, I hereby certify that the information provided on and with this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my traineeship and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines or termination of my traineeship if this information is found to be false.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Radiologic Technology Board of Examiners**  
35 STATE HOUSE STATION  
AUGUSTA, ME  
04333-0035

### REQUEST FOR EXAMINATION

ARRT requires applicants to be approved to sit for the examination. To request examination, please fill in the information requested below and **return this form** with all other required application materials to the Board at the above address. Once your application is **complete and approved**, you will receive notification of eligibility to sit for the exam. You will register with ARRT directly at that time.

Proof of passage of this exam is required for issuance of the limited radiographer's license.

Check Appropriate Category	
<input type="checkbox"/> Limited Scope of Practice in Radiology	

Applicant Information (please print)		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:		Date of Birth:

## **APPLICANT INFORMATION GUIDE**

### **LIMITED RADIOGRAPHER**

#### **ADDITIONAL RESOURCES**

- Licensing Law for Radiologic Technologists

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch103sec0.html>

- Licensing Rules for Radiologic Technologists

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#465>

- Licensing Rules for the Department of Professional and Financial Regulation

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

#### **APPLICATION PROCEDURE**

- Please submit your application materials to the Board by mail or hand delivery to our offices. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.
- If there are deficiencies with your application, you will be notified by email. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>. We appreciate your thoughtful attention to this request.

## **IMPORTANT INFORMATION FOR LICENSEES:**

- **Renewal**

This is a two-year license, renewable by August 31<sup>st</sup> of each even year. You may renew online at your convenience 24 hours a day, 7 days a week up to 60 days in advance of your license expiration date. Renewal reminders are currently sent to the email address on file. Late renewals (up to 90 days after license expiration) incur a late renewal fee of \$50.00. Those wishing to obtain licensure after the late renewal period must meet the requirements for licensure current at the time of the application.

- **10 Day Reporting**

Please be advised, pursuant to 10 MRS §8003-G, licensees and applicants are to report to the Office, in writing, any change in a name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

- **GovDelivery**

The Radiologic Technology Board of Examiners has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

To become a subscriber, go to the Board's website and insert your email address in the space provided on the left side of the page. You may unsubscribe at any time.

## **LIMITED RADIOGRAPHER**

Please read and review the Board's Rules for requirements as well as the terms and conditions of this licensure type.

A completed application for licensure shall include the following:

- Completed Application;
- Payment of a Licensure Fee of \$100.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

**Note: All fees can be in one payment.**

- Official documentation of completion of Course of Study pursuant to Chapter 6, Section 7 of the board's rules;
- Official documentation of completion a Processor Quality Control Program;
- Completed Summary of Procedures accompanied by Training Logs (board approved format);
- Trainee Radiographer Progress Reports & Performance Evaluations (if not previously submitted to this office)
- Letter of Recommendation from the supervising licensed practitioner;
- Evidence of current BLS certification (copy of wallet card accepted);
- Request for Examination;

**Those licensed in other jurisdiction(s) must also provide:**

- Official Verification(s) of Licensure (Online lookups are acceptable)



STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

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Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine Relay 711 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- ◆ Complete every item on the application.
- ◆ Sign and date your application.
- ◆ Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- ◆ Make a copy of your application to keep for your records.