

**Application Information for
 Nebraska Radiography Licenses**

License Fee: Use the chart below to determine licensing fee for Medical Radiographer, Limited Radiographer, and Computed Tomography Radiographer. The prorated fee is applicable if the Licensure Unit issues your license during those months. **Pay by check/money order (your cancelled check is your proof of receipt).**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Odd	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146
Even	\$146	\$146	\$146	\$146	\$146	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$146

Applicants for a Temporary Limited Computed Tomography Radiographer and a Temporary Medical Radiographer licenses need to submit a **\$15.00** licensure fee.

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license and temporary license fee **is waived**:

- Young Worker:** You are between the ages of 18 and 25 (under the age of 26). Please note this waiver is based on when the license is issued not when you apply.
- Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
- Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.asp>

Application Section A – Personal Information (Provide copies of the following documents)

- US Citizenship/Lawful Presence**
U.S. Citizens, a PHOTOCOPY of one of the following:
 - ___ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted).
 - ___ U.S. Passport (unexpired or expired).
 - ___ Certificate of Naturalization.
 - ___ Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:

- ___ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- ___ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- ___ Employment Authorization Card **AND one of the following**
 - ___ An approved deferred action status (DACA);
 - ___ A pending application for asylum in the United States;
 - ___ A pending or approved application for temporary protected status in the United States; or
 - ___ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States
- ___ Other document that shows current immigration status

*****NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

Application Section B – Conviction and Licensure Information (Provide copies of the following documents)

1. **Conviction Information:** If you have **EVER** had a misdemeanor conviction, you are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanors/felony convictions.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant’s probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none">• MIP/ Tobacco Use by Minor• DUI / DWI / Open Container• Controlled Substance• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault / Prostitution• Disorderly Conduct / Disorderly House• Fail to Appear in Court	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• False Information or Reporting• Reckless Driving / Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Park Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action.** Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

2. **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska**) our office may contact you and request that you contact that state and request a certification/verification of your license (**do not send a copy of your license**).

Application Section C – Education/Experience

Medical Radiographers, Limited Radiographers, Limited Computed Tomography Radiographers, and Computed Tomography Radiographers, please provide the Department with one of the following:

- Name of High School and year of graduation; or
- Name of College/University attended and either the year you entered or the year of graduation. **Please note that for Medical Radiographers a certified final transcript is required to be sent to the Department directly from your educational institution. (Effective November 1, 2021).**

Applicants applying for a Temporary Medical Radiographer license needs to provide the Department with official documentation from an approved educational program in radiography indicating that at least 12 months of the program has been completed.

Application Section D – Examination Information

1. **Effective November 1, 2021, Medical Radiographers need submit a score report, directly from the issuing institution, showing that the applicant has passed a Department-approved examination (ARRT) with a score of 75 or above;**
2. Limited Radiographers need examination scores from the Limited Scope of Practice examination given by ARRT from the Department or another state.

Application Section E – Documentation of Certification/Registration An individual applying for licensure as a Temporary Limited Computed Tomography Radiographer or a Limited Computed Tomography Radiographer needs to answer these questions.

1. **Temporary Limited Computed Tomography Radiographer Applicants:**
 - (a) Submit proof of registration from the Nuclear Medicine Technology Certification Board; or
 - (b) Submit proof of registration from ARRT in nuclear medicine.
2. **Limited Computed Tomography Radiographer Applicants:**
 - (a) Submit proof of certification from the Nuclear Medicine Technology Certification Board and proof of registration from ARRT in computed tomography; or
 - (b) Submit proof of registration from ARRT in nuclear medicine and computed tomography.

Application Section F – PRACTICE PRIOR TO CREDENTIAL

All applicants must complete this section. An individual who practices prior to the issuance of a credential is subject to an assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing such credential.

Application Section G – Attestation

All applicants are required to complete this section.

OTHER INFORMATION:

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to compete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

TIME FRAME FOR PROCESSING:

License Decision: 4-6 weeks from receipt of a complete application

Please note:

1. You have 90 days to complete an application. If your application is not completed after 90 days, your application and all supporting documents will be destroyed and a refund will be processed, less a \$25 administrative fee.
2. If an individual other than the applicant pays the licensure fee, refunds will be issued to that individual and their social security number will be required to process the refund.
3. If a business entity will be paying the licensure fee, refunds will be issued to that business entity and a copy of their W-9 is required to process the refund.

Contact Information: Licensure Unit, 301 Centennial Mall South, PO Box 94986, Lincoln NE 68509-4986
Telephone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

Licensure Fee is \$146.00.

For Office Use Only	
Business Unit # 25550103	
License #	Issue Date

NEBRASKA Application for a Radiography License

Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. Check only ONE waiver:

- Young Worker:** I am under 26 years old. *Please note this waiver is based on when the license is issued not when you apply.*
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
 - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

LICENSE APPLICATION CATEGORY (All applicants must complete this section) **Check the category that applies.**

<input type="checkbox"/> Medical Radiographer	<input type="checkbox"/> Limited Radiographer	<input type="checkbox"/> Limited Computed Tomography Radiographer
(See chart on page one of instructions)		
<input type="checkbox"/> Temporary Limited Computed Tomography Radiographer	<input type="checkbox"/> Temporary Medical Radiographer	
(See chart on page one of instructions)		

SECTION A – PERSONAL INFORMATION (All applicants must complete this section) **Items 1-2 are displayed on the internet.** <https://www.nebraska.gov/LISSearch/search.cgi>

NOTE: To expedite communication, any notifications will be sent to the e-mail address you provide. If no e-mail address is provided, notification will be sent to the mailing address you provide. If you change either your e-mail or mailing address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
		Maiden:	Other Names you are or have been known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth	Month/Day/Year:	Place of Birth (City/State or Country):	
4	Check the appropriate box(es) and give the number requested. If you have both a SSN and an A# or I-94 number, you must report both.		<input type="checkbox"/> Social Security Number:	
			<input type="checkbox"/> Alien Registration Number ("A#"):	
	Nebraska Revised Statute 38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.			
5	E-Mail address (optional):		Phone number (optional):	

Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.

SECTION B – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
 Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.
 Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

CONVICTION INFORMATION: You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred).

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held in a state **other** than Nebraska.

1	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	License Number
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION C – EDUCATION

Name of High School Attended:	Year of Graduation:	
Name of College/University attended	Year Entered or Year of Graduation:	
I have requested an official transcript be submitted directly to the department from my educational institution.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION D – EXAMINATION (All applicants must complete this section)

Applicants for a Medical Radiographer license must answer the following questions:

1	I requested proof of passing the ARRT examination, meeting the requirements for licensure as a Medical Radiography, such registration must not have any record of previous adverse action taken by the ARRT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Applicants for a Limited Radiographers license must answer the following questions (if applicable)

1	I have taken the Limited Scope of Practice Examination given by ARRT for Nebraska and my scores are on file with the Department	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	I have taken the Limited Scope of Practice Examination given by ARRT for another state and have requested that the state send the examination scores directly to the Department	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	I have taken the Bone Densitometry Equipment Operators Examination given by ARRT and my score is on file with the Department	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	I have taken the Bone Densitometry Equipment Operators Examination given by ARRT for another state and have requested that the state send the examination score directly to the Department	YES <input type="checkbox"/>	NO <input type="checkbox"/>

List what examinations, locations and dates:

Examination	Location	Date

Application Section E – Documentation of Certification/Registration An individual applying for licensure as a Temporary Limited Computed Tomography Radiographer or a Limited Computed Tomography Radiographer needs to answer these questions

Temporary Limited Computed Tomography Radiographer Applicants:

- Submit proof of registration from the Nuclear Medicine Technology Certification Board; or
- Submit proof of registration from ARRT in nuclear medicine.

Limited Computed Tomography Radiographer Applicants:

- Submit proof of certification from the Nuclear Medicine Technology Certification Board and proof of registration from ARRT in computed tomography; or
- Submit proof of registration from ARRT in nuclear medicine and computed tomography.

SECTION F – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section)

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000 or such other action as provided in the statutes and regulations governing the credential.

1	Have you performed functions as a Medical Radiographer, Limited Radiographer, or Computed Tomography Radiographer or Temporary Computed Tomography Radiographer or Temporary Radiographer before submitting this application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location, and telephone number of the practice?	Name of Business:	
		City:	
		Telephone Number:	Number of Days:

SECTION G - ATTESTATION

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below*):

I attest that:

I am a citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

Application Attestation and Signature: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

Contact Information:

Telephone: 402-471-2118

Email: DHHS.medicaloffice@nebraska.gov

Mailing Address:

DHHS Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln Nebraska 68509-4986

Physical Address:

DHHS Division of Public Health
Licensure Unit - 3rd Floor
301 Centennial Mall South
Lincoln Nebraska 68508