

NOTE: In order for your application to be considered complete, all applicants MUST also submit a copy of the following documents:

1. **Age:** Evidence of at least 19 years of age (i.e.: driver’s license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. **Citizenship, lawful permanent residence, and/or immigration status** Information: You must submit a **copy** of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
 - (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a “Green Card”);
 - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (13) A document showing an Alien Registration Number (“A#”) with Visa Status; or
 - (14) A Form I-94 (Arrival-Departure Record) with Visa Status;
3. **Education:** Medical Radiographers need proof of graduating from a 2 year educational program in medical radiography, which can be proven with a current copy of your ARRT card and temporary medical radiographers need official documentation from an approved educational program in medical radiography of finishing at least 12 months of the program;
4. **Examination:** Medical Radiographers need proof of registration from ARRT as a medical radiographer (registration doesn’t have to be current) and Limited Radiographers need examination scores from the Limited Scope of Practice examination given by ARRT from the Department or another state;
5. **Conviction Information:** If you have been convicted of a felony or misdemeanor, you must submit:
 - (1) A copy of the court record, which includes charges and disposition;
 - (2) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - (3) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - (4) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
6. **Other Credentialing Info:** If you hold or have held a credential to provide health services, health-related services, or environmental services in another state or jurisdiction, you must have the licensing agency submit directly to the Department a certification of your credential bearing a seal;
7. **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition; and
9. **Fee:** The required fee. If you are submitting your application on or after June 1 of even years your fee is pro-rated. Please refer to chart below:

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

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.

This form may be completed online and mailed to the address listed below.



DEPT. OF HEALTH AND HUMAN SERVICES
DHHS - Licensure Unit
P.O. Box 94986
Lincoln NE 68509-4986
402-471-2118

APPLICATION FOR A LICENSE TO PRACTICE RADIOGRAPHY
(Please print or type application)

Date: _____
Office Use Only

Fees (includes the LAP Fee):
Medical: \$146.00*
Limited: \$146.00*
Temp \$15.00
***SEE FEE CHART**

SECTION A - LICENSE APPLICATION CATEGORY (All applicants must complete this section) *Check one category that applies.*

- Medical Radiographer
 Limited Radiographer
 Limited Computed Tomography Radiographer
 Temporary Limited Computed Tomography Radiographer (\$15)
 Temporary Medical Radiographer (\$15)

SECTION B – PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi> Items 1-2 are displayed on the internet.**

NOTE: To expedite notification of any pending requirements, the notification will sent to your e-mail address or mailing address you provide. If you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are 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): REQUIRED	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#") with VISA Status; or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) with VISA Status number: If you have both a SSN and an A# or I-94 number, you must report both.		SSN#
				A#
				I-94 #
		Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.		
5	Phone #:		Fax #: (optional)	E-Mail Address:
6	E-Mail Address:			

SECTION C - EDUCATION (Only for temporary medical radiographer and medical radiographer applicants must complete this section)

- Temporary Medical Radiographer – I have submitted with this application, official documentation from an approved educational program in radiography indicating that at least 12 months of the program have been completed.
 Medical Radiographer – I have submitted with this application, proof of registration in radiography with the American Registry of Radiologic Technologists (ARRT) (registration does not have to be current), meeting the requirements for licensure as a Medical Radiographer. A photocopy of an ARRT card or ARRT certificate is sufficient, however, such registration must not have any record of previous adverse action taken by the ARRT.

SECTION D –LICENSURE INFORMATION (All applicants must complete this section) Direct source verification/certification of any radiography license that you hold or have held is required. You will need to request that each state or jurisdiction sends a verification/certification of your license directly to our office.

1	Have you ever been licensed as a radiographer in another state or jurisdiction?			YES	NO
	List all other states, jurisdictions, or territories of the U.S. where you have been or are currently licensed, including license number, issue date, and expiration date.				
	State	License #	Issue Date	Expiration Date	

NDEN	Yes__	No__			
SAVE	Yes__	No__		BOARD	Yes__ No__

SECTION E – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)

Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

- If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation and you may attach a separate page if needed.

The following questions relate to any credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.			
1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	YES	NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	YES	NO
3	Have you ever been requested to appear before any licensing agency?	YES	NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	YES	NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	YES	NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	YES	NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	YES	NO
8	Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	YES	NO
9	Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	YES	NO
10	Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	YES	NO
11	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	YES	NO
12	Have you ever been convicted of a felony? Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.	YES	NO
13	Have you ever been convicted of a misdemeanor? Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.	YES	NO
14	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	YES	NO

SECTION F - EXAMINATION (All applicants must complete this section)

Medical Radiographer:

- I have submitted proof of registration with ARRT (photocopy of ARRT card or ARRT certificate), meeting the requirements for licensure as a Medical Radiography (registration doesn't have to be current), such registration must not have any record of previous adverse action taken by the ARRT; or
- I have submitted official documentation of having passed a Department approved examination with a score of at least 75 which meets the requirements of 172 NAC 92-007.

Limited Radiographer:

- I have taken the Limited Scope of Practice Examination given by ARRT for Nebraska and my scores are on file with the Department; or
- 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.
- I have taken the Bone Densitometry Equipment Operators Examination given by ARRT and my score is on file with the Department; or
- 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.

List what examinations, locations and dates:

Examination	Location	Dates

SECTION G – 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 the following:

Temporary Limited Computed Tomography Radiographer:

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

Limited Computed Tomography Radiographer:

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

SECTION H – PRACTICE PRIOR TO CREDENTIAL (ALL APPLICANTS MUST ANSWER 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	I have practiced radiography in Nebraska prior to being issued an active credential?	YES	NO
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:	# of days: _____	
		Name of Business: _____	
		City: _____	
		Telephone #: _____	

Please note that if you hold a **current** temporary medical radiographer or a temporary limited computed tomography radiographer and are applying for the medical radiographer license or the limited computed tomography radiographer license, you may answer NO to the question above.

SECTION I - ATTESTATION

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check the appropriate box below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-Immigrant Status: If you are a qualified alien lawfully admitted into the United States or a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is NOT acceptable; or
4. A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-immigrant, your credential will NOT be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Application Attestation: I further attest that:

5. I have read the application or have had the application read to me;
6. All statements on the application are true and complete;
7. I am of good character; and
8. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____

Date: _____