APPLICATION INSTRUCTIONS

General Licensure as a Radiologic Technologist

The radiologic technologist issued a General License is able to assist a licensed practitioner with all aspects of special procedures, use of contrast media, assist with fluoroscopy, radioisotopes or therapeutic procedures.

Specific requirements are detailed in the Rules and Regulations. Please review the requirements prior to submitting an application.

GENERAL INFORMATION

- Your qualifications will not be reviewed without receipt of a formal application and fee.
- Application files will be reviewed for consideration when all required documentation has been received. Incomplete applications will be returned to you.
- The application fee for general licensure is $225.00. Fees shall be paid by cashier's check or money order only, payable to the "State of Wyoming". Do not send cash. All fees are non-refundable regardless of the outcome of your application.
- Application and fees are valid for one (1) year only.
- All documents offered in support of the application must be submitted directly to the Board Office from the source, not forwarded through you. This does not include the copy of the ARRT, NMTCB or CBRPA card.

DOCUMENTS

Required Documents:
- Complete and legible application
- Appropriate application fee
- Documentation of legal presence in the U.S. (See attached list A and B)
- A copy of your current ARRT, NMTCB or CBRPA certification card, OR if you do not hold a current certification you must request the following be submitted to the Board office directly from the source:
  o An official transcript verifying successful completion of a course of study in radiologic technology as approved by JRCERT or other accrediting agencies recognized by ARRT, which have been approved by the Board, submitted directly to the office of the Board from the educational institution; and
  o An official exam score verifying successful completion of the National Registry Exam as administered by ARRT, NMTCB, or CBRPA submitted directly to the office of the Board from the examination provider.

INSTRUCTIONS

Application
- Attach a passport sized (2”x2”) full face photo to the front of the application form.
- Type or print all information clearly.
- Items #1-4 need no specific instruction.
- Items #5 and 6 Employer- Provide your current employer and not your prospective employer. If you are currently unemployed, please leave this area blank. You should inform the Board office of any home and employment address changes within thirty (30) days of this change.
- Item #7 Preferred Mailing Address- If you do not indicate a preference our records will default to your home address.
Item #8 E-mail Address- Provide an e-mail address that you check regularly. If there are any issues or questions concerning your application, these will be communicated to you through e-mail.

Item #9 Professional Credentials- Provide information regarding your professional certifications such as ARRT, NMTCB, CBRPA, etc.

Item #10 Registrations- Provide complete information regarding any licenses or certifications you now hold or have ever held in any profession.

Item #11 Education- List the name of the radiologic technology program(s) you attended.

Item #12 Work History- Start with your most recent employment/experience and work backward in time. Account for all gaps in time such as periods of unemployment or education. This should account for all work history, not just employment as a Radiologic Technologist.

Items #13-21 Provide a written explanation for each of your “Yes” answers. Make sure that your name appears on additional documents. Include documentation such as certified copies of court records, state disciplinary action documents, letters of sanction from professional associations, etc.

Read the Warning, Agreement and Affidavit. Remember, you are stating that you have read, and agree to abide by, the rules and regulations. The rules are available on the Board’s web page at http://plboards.state.wy.us/radiology. Read them. Sign and date the application. Please sign in blue ink. Mail the original application, appropriate fee and proof of legal presence to the Board.

Documentation of Legal Presence in the U.S.
- U.S. Code Title 8, Chapter 14, Section 1621 requires that all licensing agencies collect proof of legal presence in the United States. Generally applicants find it easiest to provide a copy of a state issued birth certificate, a copy of a passport, or a copy of a social security card. We only need a copy of one of these.
- Originals will not be returned.
- If you cannot provide any of these documents, please refer to the enclosed List A and B for other acceptable documents.

Official Transcript
- If you are not providing a current copy of your ARRT, NMTCB or CBRPA card, request that the college or university where you completed your radiologic technology course send an official transcript of your program directly to the Board office.
- Transcripts issued to you or received directly from you, unless they are in a sealed envelope stamped by the registrar across the seal, will not be accepted.

Examination
- If you are not providing a current copy of your ARRT, NMTCB or CBRPA card, request that the examination administrator for your National Registry Examination send an official score report directly to the Board office.
- Examination scores issued to you or received directly from you will not be accepted.

PROCEDURE

You may inquire about your application status by e-mailing Rick Bengston at rick.bengston@wyo.gov. Please limit your inquiries to no more than once per week. When all required supportive documents have been received, you will be notified of the outcome.

Inquiries regarding these application procedures and application status may be directed to rick.bengston@wyo.gov

Board of Radiologic Technologist Examiners
Emerson Building RM 104
2001 Capitol Avenue
Cheyenne, WY 82002
Web Site: http://plboards.state.wy.us/radiology
LIST A

ACCEPTABLE DOCUMENTS TO ESTABLISH U.S. CITIZENSHIP

A person who is a citizen of the United States as evidenced by one of the following:

1. A copy of a birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions.
3. A birth certificate or passport issued from:
   A. Puerto Rico, on or after January 13, 1941;
   B. Guam, on or after April 10, 1986;
   C. U.S. Virgin Islands, on or after February 25, 1927;
   D. Northern Mariana Islands, after November 4, 1986;
   E. American Samoa;
   F. Swain’s Island; or
   G. District of Columbia.
4. A U.S. passport (expired or unexpired).
8. An individual Fee Register Receipt (Form G-711) that shows that the person has filed an application for a New Naturalization or Citizenship Paper (Form N-565).
9. Any other document which establishes a U.S. place of birth or indicates U.S. citizenship.
10. Copy of social security card.

LIST B

ACCEPTABLE DOCUMENTS TO ESTABLISH ALIEN STATUS

An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA) must submit supporting documentation to establish legal presence under one of the following categories:

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
   X INS Form I-551 (Alien Registration Receipt Card commonly known as a green card); or
   X Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien who is granted asylum under Section 208 of the INA. Evidence includes:
   X INS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA;
   X INS Form I-688B (Employment Authorization Card) annotated (’274a.12(a)(5));
   X INS Form I-766 (Employment Authorization Document) annotated A5*;
   X Grant Letter from the Asylum Office of INS; or
   X Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under Section 207 of the INA. Evidence includes:
   X INS Form I-94 annotated with stamp showing admission under Section 207 of the INA;
   X INS Form I-688B (Employment Authorization Card) annotated (’274a.12(a)(3));
   X INS Form I-766 (Employment Authorization Document) annotated A3*; or
   X INS Form I-571 (Refugee Travel Document).
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. Evidence includes:
   X INS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of such Act (as amended by Section 305(a) of Division C of Public Law 104-208). Evidence includes:
   X INS Form I-688B (Employment Authorization Card) annotated (’274a.12(a)(10));
   X INS Form I-766 (Employment Authorization Document) annotated A10*; or
   X Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA.
6. An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
   X INS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA;
   X INS Form I-688B (Employment Authorization Card) annotated (’274a.12(a)(3)); or
   X INS Form I-766 (Employment Authorization Document) annotated A3*.
7. An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
   X INS Form I-551 (Alien Registration Receipt Card, commonly known as a green card) with the code CU6, CU7, or CH6;
   X Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with code CU6 or CU7; or
   X INS Form I-94 with stamp showing parole as Cuban/Haitian Entrant under Section 212(d)(5) of the INA.
8. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. Evidence includes:
   X INS Form I-94 showing this status.
9. An alien who has been declared a battered alien. Evidence includes:
   X INS petition and supporting documentation.

The preceding lists (A and B) contain the most common documents which can be used to establish U.S. Citizenship or legal alien status.

Revised 8/2013
# Wyoming State Board of Radiologic Technologist Examiners

Emerson Building RM 104  
2001 Capitol Avenue  
Cheyenne WY 82002

## Application Form

Please indicate the type of license for which you are applying:

- [ ] General Licensure ($225.00)
- [ ] Temporary Licensure ($175.00)
- [ ] Special Licensure ($200.00)

1. Name:  
   Last: 
   First: 
   Middle Initial: 
   Previous Names Used: 

2. Social Security:  
   Date of Birth: 

3. Citizenship:  
   [ ] U.S.  
   [ ] Other  
   (U.S. Code Title 8, Chapter 14, Section 1621 requires proof of legal presence in the United States. Attach acceptable documentation from enclosed List A and B.)

4. Home Address:  
   Telephone Number: 

5. Current Employer:  

6. Business Address:  
   Telephone/Fax Numbers: 

7. Preferred Mailing Address:  
   [ ] Home  
   [ ] Business

8. E-mail Address:  
   Please provide an e-mail address that you access regularly. If there are any questions or issues regarding your application, the Board staff will communicate with you at this address.

9. Professional Affiliation:  
   Indicate certifications/credentials which you currently or have previously held from the following organizations. Refer to the application instructions for additional direction.

   - American Registry of Radiologic Technologists (ARRT)  
     Certificate Number:  
     Expiration Date:  
   - Nuclear Medicine Technology Certification Board (NMTCB)  
     Certificate Number:  
     Expiration Date:  
   - Certification Board for Radiology Practitioner Assistants (CBRPA)  
     Certificate Number:  
     Expiration Date:  

Revised 8/2013
10. **REGISTRATION/LICENSE**: Indicate registrations, licenses, or certifications in all states, including Wyoming, where you are currently or have been previously registered, licensed or certified in any healthcare profession. Begin with your original registration, license or certification. Note carefully any registrations, licenses or certifications not currently in good standing.

<table>
<thead>
<tr>
<th>STATE</th>
<th>NUMBER</th>
<th>ORIGINAL ISSUE DATE</th>
<th>EXPIRATION DATE</th>
<th>CURRENT STATUS (i.e. Active, Inactive, Lapsed, Retired)</th>
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11. **EDUCATION**: List the educational institutions attended that satisfy the educational requirement for licensure.

<table>
<thead>
<tr>
<th>SCHOOL (Name and City, State)</th>
<th>COURSE OF STUDY</th>
<th>DATE COMPLETED</th>
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12. **EXPERIENCE**: List below your training/work experience within the last ten (10) years. Begin with your most current training/work experience. Attach additional sheets if needed.

Dates: From ___________ To ___________  
Month/Year  Month/Year
Business: ____________________________
Address: ____________________________
Supervisor’s Name: __________________
Brief Description of Work: _________________

Dates: From ___________ To ___________  
Month/Year  Month/Year
Business: ____________________________
Address: ____________________________
Supervisor’s Name: __________________
Brief Description of Work: _________________

Dates: From ___________ To ___________  
Month/Year  Month/Year
Business: ____________________________
Address: ____________________________
Supervisor’s Name: __________________
Brief Description of Work: _________________
13. Has any state rejected your application for certification or licensure?  □ Yes  □ No

14. Has any state revoked, suspended, refused to renew, or otherwise restricted your certificate or license?  □ Yes  □ No

15. Have you ever voluntarily surrendered your certificate or license in order to avoid disciplinary action by a regulatory agency?  □ Yes  □ No

16. Have you ever been sanctioned by a professional association?  □ Yes  □ No

17. Have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a rebuttable presumption of guilt to the underlying criminal charges.)  □ Yes  □ No

18. Have you been convicted of a felony? (A plea of no contest shall create a rebuttable presumption of guilt to the underlying criminal charges.)  □ Yes  □ No

19. Are you addicted to the use of alcohol, any narcotic, or other drugs having similar effects to an extent or in a manner dangerous to yourself, any other person or the public, or to an extent that use impairs your ability to perform the work of a licensee with safety to the public?  □ Yes  □ No

20. Have you ever been judged incompetent by a court of competent jurisdiction?  □ Yes  □ No

21. Have you ever violated and been convicted of a charge under the Wyoming Controlled Substances Act?  □ Yes  □ No

Provide a written explanation below if you answered "YES" to any of questions 13 through 21 above. If more space is needed, attach additional sheets of paper. Include copies of any documents needed to support your statements.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars ($2,000.00), or both. (W.S. § 6-5-303.)

AGREEMENT

In signing this application, I do hereby state that I have read, understand, and agree to abide by the rules and regulations promulgated by the Board of Radiologic Technologist Examiners, and W.S. § 33-37-101 et. seq. I also agree to adhere to the codes of ethics applicable to my profession and this application.

AFFIDAVIT

The undersigned deposes and says that he or she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

________________________________________________________________________________________

SIGNATURE OF APPLICANT

DATE