

WYOMING STATE BOARD OF RADIOLOGIC TECHNOLOGIST EXAMINERS

1800 Carey Avenue 4th Floor

Cheyenne, WY 82002

(307) 777-3628

<http://plboards.state.wy.us/Radiology>

RESTRICTED LICENSE RENEWAL APPLICATION

Your renewal fee of \$35.00 must be POSTMARKED by your expiration date in order for your license to remain current.

THERE IS NO GRACE PERIOD

1. Name: _____

Residence Address and Telephone

2. Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Business Address and Telephone

3. Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

4. Preferred Address for Correspondence: Residence Business

5. E-mail address: _____

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

For renewal requirements you shall submit proof of six (6) continuing education hours; date and place of attendance accompanied by the certificate of attendance. Continuing education must be earned within the one (1) year of the restricted license.

Information for each activity must be itemized below. **Attach copies of documentation.** Type or print neatly.

Month/Date/Year	Course/Activity	Contact Hours
	<i>Total Hours Submitted</i>	

If you answer "YES" to any of questions 6 through 14 below, attach a written explanation.

6. During the last two (2) years, has any state rejected your application for licensure and/or certification? Yes No
7. During the last two (2) years, has any state revoked, suspended, refused to renew, or otherwise restricted your license and/or certification? Yes No
8. During the last two (2) years, have you voluntarily surrendered your license and/or certification in order to avoid disciplinary action by a regulatory agency? Yes No
9. During the last two (2) years, have you been convicted of a felony? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) Yes No
10. During the last two (2) years, have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) Yes No
11. 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 provide services with safety to the public? Yes No
12. Has a court of competent jurisdiction ever judged you incompetent? Yes No
13. During the last two (2) years, have you violated and been convicted of a charge under the Wyoming Controlled Substances Act? Yes No
14. Is there any disciplinary action pending against you by any licensing jurisdiction? Yes No

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 renewal application, I do hereby state that I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming State Board of Radiologic Technologist Examiners, and W.S. § 33-37-101 through 113.

AFFIDAVIT

I do hereby state that I am the person making the foregoing statements and that they are made in good faith and are true in every respect. I agree to adhere to the codes of ethics applicable to my profession and this application.

Signature of Applicant

Date