

Iowa Department of Public Health, Bureau of Radiological Health
Application for State of Iowa Limited Permit to Practice

Before submitting this application you are **required** to pass the ARRT Limited Certification Examination.

Mailing Address:

Send the following to the Mailing Address given:

Iowa Department of Public Health
Bureau of Radiological Health
Lucas State Office Building, 5th Floor
321 East 12th Street
Des Moines, IA 50319

- Your completed application.
- A **nonrefundable fee** in a check or money order payable to: **Iowa Department of Public Health.**
- Your Classroom and Clinical Education Completion Documentation. (**New Applications Only.**)
- Your transcript of CEU hours (if due.)

Questions?

Customer Support Phone: 855-824-4357

Email: adpereg@idph.iowa.gov

Internet Address: <https://idph.iowa.gov/regulatory-programs/permits-to-practice>

APPLICANT'S INFORMATION: (Type or print the information below.) This is a new address

First Name: _____ Middle Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Email: _____ SSN: _____

Have you held an Iowa Permit to Practice before? Y N Permit Number RAD _____

Reinstatement - If you allow your permit to expire you will be required to apply for reinstatement, meaning you will need to pay a \$150 fee. You will also be subject to investigation for working without a permit.

Select Limited Permit Type(s): Your renewal application should be submitted approximately **45 days before** your permit expires.

- Chest Extremities Spines Shoulder Pediatrics

Select Application Type:

- New \$100 Reinstatement \$150 Renewal \$75

To Add a Type:

If you elect to add a type to an existing permit be sure to include a **nonrefundable \$40** amendment fee with this application.

- Add Chest Add Extremities Add Spines Add Shoulder Add Pediatrics

Chest, Extremity, & Spine Requirements: Complete formal education (classroom and clinical) and pass the examination in the type to be added with a 70% score or better.

Shoulder & Pediatric Requirements: Complete formal education (classroom and clinical) in the type to be added and submit a copy of the completion certificate with this application.

AFFIRMATION QUESTIONS:

(New) Do you have ...

(Renewal) During the previous licensing period, did you develop ...
...a medical condition, which in any way impairs or limits your ability to perform the duties of this profession? Medical Condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

Yes No

If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.

(New) Have you, within the past 5 years, engaged ...

(Renewal) During the previous licensing period, did you engage ...
...in the illegal or improper use of drugs or other chemical substances?

Yes No

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

(New) Have you ever been...

(Renewal) During the previous licensing period, were you...
...convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer YES, if the court expunged the matter or the court deferred judgment.)

Yes No

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

(New) Has...

(Renewal) During the previous licensing period, did...
...any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you?

Yes No

If yes, include the date, location, reason, and resolution.

(New) Have there ever been...

(Renewal) During the previous licensing period, were there...
...judgments or settlements paid on your behalf as a result of a professional liability case?

Yes No

If yes, include the date, location, reason, and resolution.

(New) Have you ever had...?

(Renewal) During the previous licensing period, did you have...
...a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?

Yes No

If yes, provide a description of the circumstances.

EMPLOYER INFORMATION: (leave blank if No Employer)

| Current Employer | | |
|--------------------|--------------|----------------------|
| Supervisor's Name: | _____ | |
| Phone Number: | _____ | Email Address: _____ |
| Business Name: | _____ | |
| Street Address: | _____ | |
| City: | State: _____ | Zip Code: _____ |

| Previous Employer (if current employer is less than 1 year) | | |
|---|--------------|----------------------|
| Supervisor's Name: | _____ | |
| Phone Number: | _____ | Email Address: _____ |
| Business Name: | _____ | |
| Street Address: | _____ | |
| City: | State: _____ | Zip Code: _____ |

| OUT OF STATE LICENSES | |
|---|--------------------------------|
| If you have a current, expired, or inactive permit or license in another state, please list the details below | |
| State of Issuance: | Type of License: _____ |
| License Number: | License Expiration Date: _____ |

Privacy Act Notice: Disclosure of your social security number on this application is required by 42 U.S.C. § 666(a) (13) and Iowa Code § 252J.8 (1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this profession and I agree to comply with those provisions.

Signature of Applicant
(REQUIRED)

Date