IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH

LUCAS STATE OFFICE BUILDING, 5TH FLOOR, 321 EAST 12TH STREET, DES MOINES, IOWA 50319

APPLICATION FOR LIMITED RADIOGRAPHY EXAMINATION

INSTRUCTIONS FOR COMPLETING THIS FORM:

Print or type the required information. Send the completed form and the testing fee of $200.00 in a check or money order made payable to: Iowa Department of Public Health, Bureau of Radiological Health Lucas State Office Building, 5th Floor, 321 East 12th Street, Des Moines, IA 50319

If you have any questions, please contact: *

Questions: 855-824-4357 Email: ADPEREHreg@idph.iowa.gov

APPLICANT'S INFORMATION:

First Name: * _____

Middle Name: _____

Last Name: * _____

Street Address: * _____

City:* _____ State:*_____ Zip: *_____

Phone Number: * _____ Date of Birth: _____

Email: _____ SSN Number: * _____

Check all that apply: The core module must be passed in addition to at least one other module before a permit can be issued. Do not sign up again for any modules you have already passed.

- ☐ Core: radiation protection, equipment operation and quality control, image production evaluation, patient care and education
- ☐ Chest procedures
- ☐ Extremities procedures
- ☐ Spinal procedures

INFORMATION OF LIMITED TYPE EXAM:

Training School: _____

AFFIRMATION QUESTIONS:

Do you have a medical condition, which in any way currently 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.

_____

Have you, within the past 5 years, engaged 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.

_____

Have you ever been 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.

_____

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you? * ☐ Yes ☐ No

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

_____

Have there ever been 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.

_____

Have you ever had 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: (Use additional pages for employer information if necessary.)

Contact Type: * ☐ Current Employer ☐ No Employer ☐ Previous Employer

First Name: * _____ Last Name: * _____

Phone Number: * _____ Email Address: _____

License Number: _____ Business Name: * _____

Street Address: * _____

City: * _____ State: * _____ Zip Code: * _____

Comments: _____

Contact Type: * ☐ Current Employer ☐ No Employer ☐ Previous Employer

First Name: * _____ Last Name: * _____

Phone Number: * _____ Email Address: _____

License Number: _____ Business Name: * _____

Street Address: * _____

City: * _____ State: * _____ Zip Code: * _____

Comments: _____

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 DATE