

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.

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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.

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Have you ever been convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment. You must submit the complaint and judgment of conviction for each offense.

Yes  No

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

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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.

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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.

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Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? \*

If yes, provide a description of the circumstances.

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Yes  No

**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.

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SIGNATURE OF APPLICANT

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DATE