

**IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH**

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

**APPLICATION TO ADD A CATEGORY TO AN EXISTING LIMITED RADIOLOGIC TECHNOLOGIST PERMIT**

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**INSTRUCTIONS FOR COMPLETING THIS FORM:**

**To add Chest, Extremity, or Spine, Shoulder, Pediatric categories:**

Complete formal education (classroom and clinical) in the category to be added. Pass the examination in the category to be added with a 70% score or better, a copy of the completion certificate or letter from the instructor, and the nonrefundable \$25 amendment fee to the address above.

**To add shoulder or pediatric categories:**

Complete formal education (classroom and clinical) in the category to be added. Submit this application, a copy of the completion certificate or letter from the instructor, and the nonrefundable \$25 amendment fee to the address above.

**If you have any questions, please contact:**

Charlene Craig      Phone: 515-281-0415      Email: charlene.craig@idph.iowa.gov

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**APPLICANT'S INFORMATION:**

First Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

Phone Number 1: \* \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Email ID: \_\_\_\_\_ SSN: \* \_\_\_\_\_

Permit Number \* \_\_\_\_\_

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**CATEGORY TO BE ADDED: \***

Chest

Extremities

Spines

Shoulder

Pediatric

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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