

APPLICATION INSTRUCTIONS FOR INITIAL LIMITED LICENSE IN FUSION IMAGING CT TECHNOLOGY

Page 1 of 2

General Instructions:

- Make sure the application is complete with all appropriate questions answered.
- To be eligible to apply for the limited license offered through this application, you must hold a current New Jersey license in Nuclear Medicine Technology.
- Under the Federal Privacy Act, 5 USC 552a disclosure of your Social Security Number is voluntary under the Federal Privacy Act, 5 USC 552a. It is used solely as an internal identifier.
- Sign the application and have it notarized by a notary public with a current date.
- A nonrefundable/nontransferable fee of \$40 must accompany the application. Payment must be by personal check or money order, made payable to **Treasurer, State of New Jersey**.

License Requirement:

To be eligible for a license in fusion imaging CT Technology, the applicant must meet **one** of the four licensure options on Page 2 of the application:

1. If you are applying under Option 1: Please submit a copy of your current ARRT or NMTCB certification in CT.
2. If you are applying under Option 2: Please submit proof that you have passed the ARRT or NMTCB CT examination within 5 years of your application of a license.
3. If you are applying under Option 3: Please submit proof that you have passed an examination and a letter from a supervising technologist or physician attesting that you legally worked and competently performed CT procedures for at least 500 hours during the preceding 3 years.
4. If you are applying under Option 4 or want to Board to consider your examination results for equivalency: you should call the Bureau to discuss your qualifications. At a minimum, your application must include: (a) a current certificate, registration, or license from that state and (b) information regarding the state's licensure or the testing organization's examination standards.

Please send application and fee with the necessary supporting documentation to:

Department of Environmental Protection, Bureau of X-Ray Compliance

Address if using the US Postal Service:

PO Box 420 (Mail Code 25-01), Trenton, New Jersey 08625-0420

Address if using Overnight Delivery (e.g. FedEx, UPS, etc):

25 Arctic Parkway, Ewing, New Jersey 08638

Contact Information

Tel: (609) 984-5890 Fax: (609) 984-5811 Internet address: www.xray.nj.gov



Name
 Mr.
 Ms. _____
 Last First MI
Address _____
 Street # Apt. #

 City ST Zip County

Social Security Number _____
Date of Birth: _____
Telephone No.: _____ (Home)
 _____ (Work)
Email: _____

Licensure Fee: \$40

Do you hold a current New Jersey license in Nuclear Medicine Technology: Yes ____ No ____. If No, you must be licensed before you can apply for a limited license in fusion imaging CT Technology

PLEASE PLACE A CHECK NEXT TO THE LICENSURE OPTION IN WHICH YOU WANT TO APPLY UNDER:
(See page 1 for details and a list of information that must be submitted with your application)

1. ____ I am currently certified by the ARRT or NMTCB in CT;
2. ____ I passed the ARRT or NMTCB CT examination or an equivalent examination in the preceding 5 years;
3. ____ I passed an examination in Option 2 not in the preceding 5 years but have legally worked and competently performed CT procedures for at least 500 hours during the preceding 3 years; or
4. ____ I am currently certified, registered, or licensed in another state in Fusion Imaging CT Technology or CT.

MORAL CHARACTER STATEMENT

Have you ever been convicted of any Federal or state crime(s)? Yes ____ No ____
If yes, please submit official documentation from the court that includes the date(s) of conviction, the name and degree of the crime(s), the court sentence(s) and the status of completing the sentence(s).

NOTARIZE HERE

<p>I understand that any false statement made by me may be cause for the denial of this application and may subject me to penalties allowed by law. I also understand that I am not permitted to perform CT procedures that are not part of a fusion imaging procedure.</p> <p>_____</p> <p style="text-align: center;">Signature of Applicant</p> <p>_____</p> <p style="text-align: center;">Maiden Name (if any)</p>	<p>Sworn to and subscribed before me this _____ day _____ A.D. _____</p> <p>_____</p> <p style="text-align: center;">Signature of Official Administering Oath</p> <p>_____</p> <p style="text-align: center;">Title (Official Seal)</p>
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Bureau Use Only:					
Amount Received: _____	Check # _____	Date Processed _____	License # _____	Initials _____	
NJEMS # _____					