

**Iowa Department of Health and Human Services, Bureau of Radiological Health  
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, and the nonrefundable \$40 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 \$40 amendment fee to the address above.

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

Matthew Millard: 515-371-9398

Email: [matthew.millard@idph.iowa.gov](mailto:matthew.millard@idph.iowa.gov)

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

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**Category to be added:**

Chest

Extremities

Spine

Shoulder

Pediatrics

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**APPLICANT'S INFORMATION:** *(Type or print the information below ALL information below. ALL information is need to process application!)*

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 \_\_\_\_\_

**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, where you...

...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.

**(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.

Yes

No

**(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?

If yes, provide a description of the circumstances.

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**EMPLOYER INFORMATION:** (leave blank if No Employer)

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

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

|   |                                |  |
|---|--------------------------------|--|
| <b>OUT OF STATE LICENSES</b>  |                                |  |
| 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