



WV Medical Imaging & Radiation Therapy Technology Board
1124 Smith Street, Suite B300 Charleston, WV 25301
www.wvrtboard.org 304-558-4012 rtboard@wv.gov

Petition for Determination of Initial Licensure Eligibility

Pursuant to W. Va. Code § 30-1-24

Full Name (First, Middle, Last) _____

Any Former Name(s) or Alias(es) _____

Birthdate (MM/DD/YYYY) _____ SSN _____ - _____ - _____

Mailing Address _____

Physical Address (if different) _____

E-mail Address _____ Phone _____

Criminal Record Information

You **MUST** provide the following information in one or more attachments for the Board to process your petition and render a determination of initial licensure eligibility:

- 1) The specific nature of your criminal conviction(s) (include the facts and circumstances thereof and relevant legal citations or documents);
- 2) The jurisdiction(s) where the criminal conviction(s) occurred (include state, county, and city where crime occurred and the court of record); and
- 3) The date(s) of the criminal conviction(s) (include month, day, and year).
- 4) Payment of \$100.00 Determination of Eligibility Application fee.

In addition to the above information, you may provide such other information as you believe helpful to the Board's consideration of your petition, such as evidence of rehabilitation and letters of reference.

I understand that I am required to personally complete this petition, and I am solely responsible for the accuracy and completeness of the information provided. I have carefully read and understood all instructions in this form. By signing this petition, I certify that the information provided in connection therewith is complete, true, and correct to the best of my knowledge and belief. I understand that any determination of initial licensure eligibility is based on the truth and accuracy of the information provided herewith. I further understand that the information provided herewith is subject to investigation and verification by the WV Medical Imaging & Radiation Therapy Technology Board of Examiners.

Applicant Signature

Date