



STATE OF WEST VIRGINIA  
MEDICAL IMAGING & RADIATION THERAPY  
TECHNOLOGY BOARD OF EXAMINERS

**Renewal**

**Medical Imaging or Radiation Therapy License**

**1. Renew online or submit a signed medical imaging or radiation therapy license paper application.**

- a. Applicants renewing a podiatry medical assistant permit must renew with a paper application.
- b. Applicants renewing a "grandfathered" medical imaging license must renew with a paper application.
- c. Applicants renewing a MRI apprentice license must renew with a paper application.

**2. Submit proof of compliance with the board continuing education requirements.** The applicant must submit twenty-four (24) category A continuing education credits during the prescribed two (2) year reporting period.

- a. New graduates must submit proof of graduation from a state approved and accredited medical imaging or radiation therapy education program within the 24 months prior to application. This may include a diploma or transcript.
- b. Members of the American Registry of Radiologic Technology (ARRT) must be in compliance with all ARRT Continuing Education requirements. The Board will perform primary source verification; no CE documentation is required from the candidate.
- c. Members of the Nuclear Medicine Technology Certification Board (NMTCB) must be in compliance with all NMTCB Continuing Education requirements. The Board will perform primary source verification; no CE documentation is required from the candidate.



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- d. Podiatric Medical Assistance must provide documentation of current certification with the American Society of Podiatric Medicine Assistance (ASPMA) annually.
- e. Military Families on Active Military Duty may submit a Continuing Education Waiver.
- f. All other licensees must document twenty-four (24) Category A Continuing Education credits within the previous twenty-four (24) months annually.

**3. Apprentice license renewal.** Submit an “Annual Apprentice Agreement” signed by both the applicant and the supervisor if applicable.

**4. Submit documentation of name changes.** If your submitted documents have different names, please submit documentation of name changes if applicable. Examples of documentation are copies of your marriage license or divorce decree.

**5. Submit \$65 Application Fee.**

- **IF PAYING BY CHECK OR MONEY ORDER** – Submit check or money order along with your application and all required documents to WVMIRTT, PO Box 40232, Charleston, WV 25364. Please allow 10-14 business days to process your application. **REQUIRED DOCUMENTS MUST BE SUBMITTED TO WVMIRTT, PO BOX 40232, CHARLESTON, WV 25364.**
- **IF PAYING BY CREDIT CARD OR ACH/EFT TRANSFER** – Pay your application fee online at [www.wvrtboard.org/paynow](http://www.wvrtboard.org/paynow). Submit your payment receipt along with your application and all required documents via email at [rtboard@wv.gov](mailto:rtboard@wv.gov) or FAX 304-957-0177. Please allow 5-7 business days to process your application. **REQUIRED DOCUMENTS MUST BE SUBMITTED VIA E-MAIL OR FAX.**

**6. Questions.** Please contact the Executive Director, Jamie Browning, at 304-687-5292 or [Jamie.S.Browning@WV.Gov](mailto:Jamie.S.Browning@WV.Gov).



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## Medical Imaging & Radiation Therapy License Application

### License Types & Fees

Please mark one of the following types of license.

- \_\_\_\_\_ **New License** – The first, original, permanent WV Medical Imaging or Radiation Therapy License. The cost is \$100 for one (1) year or twelve (12) months.
- \_\_\_\_\_ **Renewal License** – The renewal of a previously held WV Medical Imaging or Radiation Therapy License. The cost is \$65 for one (1) year or twelve (12) months.
- \_\_\_\_\_ **Temporary License** – A WV Medical Imaging License for a radiologic technologist or nuclear medicine technologist who has completed a Board approved medical imaging program but has not yet taken the Board approved medical imaging credentialing exam within 6 months of graduation. The cost is \$40 for twenty-four (24) weeks or six (6) months. The temporary license cannot be renewed or extended.
- \_\_\_\_\_ **Late Renewal License** – The renewal of an expired WV Medical Imaging or Radiation Therapy License within the first sixty (60) days after expiration.
- \_\_\_\_\_ **Reinstatement License** – The renewal of an expired WV Medical Imaging or Radiation Therapy License that has been expired more than sixty (60) days.



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**Practice License Types**

Please mark each area of practice for which you are requesting a license.

- \_\_\_\_\_ **CT Fusion Permit** – a permit authoring a nuclear medicine or MRI licensee the authority to perform non-diagnostic CT for fusion imaging.
- \_\_\_\_\_ **Magnetic Resonance Imaging (MRI) License** - A license authorizing a medical imaging technologist to perform magnetic resonance imaging (MRI).
- \_\_\_\_\_ **Magnetic Resonance Imaging (MRI) Apprentice License** - A license authorizing a licensed medical imaging technologist to perform magnetic resonance imaging (MRI) while being trained by a licensed MRI technologist or a radiologist.
- \_\_\_\_\_ **Nuclear Medicine License** - A license authorizing a medical imaging technologist to perform imaging using nuclear medicine imaging.
- \_\_\_\_\_ **Podiatric Medical Assistant Permit** - a permit authoring podiatric medical assistants the authority to perform podiatric imaging.
- \_\_\_\_\_ **Radiation Therapy License** - A license authorizing a radiation therapy technologist to perform radiation therapy.
- \_\_\_\_\_ **Radiography License** – A license authorizing a medical imaging technologist to perform imaging using radiologic technology.



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**Personal Information**

Name \_\_\_\_\_ Former \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you currently perform medical imaging or radiation therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Imaging or Radiation Therapy Employer Information**

Facility Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ County \_\_\_\_\_



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Did you graduate from high school or receive a general education diploma (GED)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed an accredited medical imaging or radiation therapy education program that was accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), the Joint Review Committee on Education in Nuclear Medicine Technology (JRCNMT) or the American Society of Podiatric Medicine Assistance (ASPMA)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you passed a medical imaging or radiation therapy certification exam administered by the state of West Virginia, the American Registry of Radiologic Technology (ARRT), the Nuclear Medicine Technology Certification Board (NMTCB), the American Registry of Magnetic Resonance Imaging Technology (ARMRIT), or the American Society of Podiatric Medicine Assistance (ASPMA)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you of good moral and ethical character as described in the Title 18 Code of State Regulation Series 5 Standards of Ethics?

<http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=14226&Format=PDF>

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed twenty-four (24) category A continuing education credits during the prescribed two (2) year reporting period?

- a. New graduates must submit proof of graduation from a state approved and accredited medical imaging or radiation therapy education program within the 24 months prior to application.



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- b. Members of the American Registry of Radiologic Technology (ARRT) must be in compliance with all ARRT continuing education requirements. The Board will perform primary source verification.
- c. Members of the Nuclear Medicine Technology Certification Board (NMTCB) must be in compliance with all NMTCB Continuing Education requirements. The Board will perform primary source verification.
- d. Podiatric Medical Assistance must provide documentation of current certification with the American Society of Podiatric Medicine Assistance (ASPMA) annually.
- e. All other licensees must document twenty-four (24) Category A Continuing Education credits within the previous twenty-four (24) months annually.

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of either a misdemeanor or a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been denied a national certification in medical imaging or radiation therapy license?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been denied a state license in medical imaging or radiation therapy license in any jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has your national certification ever been a subject of any disciplinary action regardless of whether the disciplinary action resulted in discipline against your national certification?

Yes \_\_\_\_\_ No \_\_\_\_\_



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Has your state license ever been a subject of any disciplinary action in any jurisdiction regardless of whether the disciplinary action resulted in discipline against your state license?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had any national certification in medical imaging or radiation therapy disciplined, including, but not limited to surrender, suspension, dismissal or revocation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had any state license in medical imaging or radiation therapy disciplined, including, but not limited to, surrender, suspension, dismissal or revocation?

Yes \_\_\_\_\_ No \_\_\_\_\_

***Pursuant to W. Va. Code § 48-15-303, each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.***

Do you have a court ordered child support or medical obligation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, answer the following questions:

Are you in arrears?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above question is yes, do your arrears equal or exceed the amount of child support or medical obligation payable for six months?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you the subject of a child support or medical obligation related subpoena or warrant?

Yes \_\_\_\_\_ No \_\_\_\_\_





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***Pursuant to W. Va. Code § 21A-2-6(18), each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.***

Do you own a business?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, answer the following questions:

Is that business in default with WV State Compensation Laws?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you the subject of a WV State Unemployment Law related subpoena or warrant?

Yes \_\_\_\_\_ No \_\_\_\_\_



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**Certification**

I understand that I am required to personally complete this application, and I am solely responsible for the accuracy and completeness of the information provided.

Yes \_\_\_\_\_ No \_\_\_\_\_

I have carefully read and understood all the questions on each page of this application and have answered all the questions completely, without reservations of any kind. I declare that my answers made by me herein are true and correct.

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that any license issued based on this application is based on the truth of the answers contained herein. Should I furnish false or misleading information in this application, I hereby agree and understand that any such act shall constitute good cause for disciplinary action and/or the subsequent revocation of my license.

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that the information contained herein is subject to investigation by the WV Medical Imaging & Radiation Therapy Technology Board of Examiners.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature



**WV Medical Imaging & Radiation Therapy Technology Board**  
1124 Smith Street, Suite B300 Charleston, WV 25301  
[www.wvrtboard.org](http://www.wvrtboard.org) 304-558-4012 [rtboard@wv.gov](mailto:rtboard@wv.gov)

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## **Military Family Waiver Application for Renewal Continuing Education Requirements**

Name \_\_\_\_\_ Former \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

### **Criteria for Qualification**

\_\_\_ **Active Duty Service Member of the Armed Forces or National Guard**

Applicant must provide active service orders.

**OR**

\_\_\_ **Military Family of Active Duty Service Members**

Applicant must provide active service orders and a marriage license or birth certificate documenting the relationship to the service member.

I understand that I am required to personally complete this application, and I am solely responsible for the accuracy and completeness of the information provided. I have carefully read and understood all the questions on this waiver application and have answered all the questions completely, without reservations of any kind. I declare that my answers made by me herein are true and correct. I understand that any license issued based on this application is based on the truth of the answers contained herein. Should I furnish false or misleading information in this application, I hereby agree and understand that any such act shall constitute good cause for disciplinary action and/or the subsequent revocation of my license. I understand that the information contained herein is subject to investigation by the WV Medical Imaging & Radiation Therapy Technology Board of Examiners.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date