

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
7 Eagle Square
Concord, N.H. 03301
Telephone 603-271-2152

APPLICATION FOR TEMPORARY MIRT LICENSE

APPLICATION IS FOR:

- | | |
|--|---|
| <input type="checkbox"/> Limited X-Ray Machine Operator | <input type="checkbox"/> Radiologist Assistant |
| <input type="checkbox"/> Magnetic Resonance Technologist | <input type="checkbox"/> Sonographer |
| <input type="checkbox"/> Nuclear Medicine Technologist | <input type="checkbox"/> Cardiac Electrophysiology Specialist |
| <input type="checkbox"/> Radiation Therapist | <input type="checkbox"/> Cardiovascular Invasive Specialist |
| <input type="checkbox"/> Radiographer | <input type="checkbox"/> Computed Tomography |

Applicant Information:

Full Legal Name: _____
Suffix, if any

Other name(s) in which the applicant holds or has held a license: _____

Date of birth (MM/DD/YYYY): _____ Social Security Number*: _____

*The OPLC is required by law to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support. (42 USC 666(a)(13); RSA 161-B:11, VI-a)

Home physical address: _____
Street name & number, Apt # if any Town/City County State Zip Code Country

Home Mailing Address: Check if same as physical address

IF DIFFERENT: _____
Street name & number or PO Box number Town/City State Zip Code

Personal telephone number: () - _____

Designated email address: _____

Business Information where applicant works or intends to work, if known:

Name of Business: _____

Business Location: _____
Street name & number Town/City State Zip Code

Business Telephone Number: () - _____

INFORMATION RELATIVE TO STATUTORY REQUIREMENTS:

If applying for limited x-ray machine operator temporary license:

- Name of the educational institution attended by the applicant: _____
- The date the required course of study was completed: _____
- The name of the credentialing organization that administered the required examination: _____
- The examination taken: _____

If applying for **other than** limited x-ray machine operator temporary license:

- Name of the credentialing organization to which applicant has applied for certification and registration: _____
- Date applicant completed process of applying for certification and registration: _____

Fee: Application Processing Fee: \$25.00

If fee is paid by check or money order, the check or money order should be made payable to "Treasurer, State of New Hampshire." If your application is denied, the Application Processing Fee will not be refunded to you.

Signature and Attestation

I hereby attest under pains and penalties of perjury that:

- The information provided on or with this application is true, complete, and not misleading to the best of my knowledge and belief;
- I have read RSA 328-J and Plc 1300 and agree to adhere to all applicable requirements if a temporary license is issued to me;
- I have not committed any act(s) that are grounds for discipline in New Hampshire or any other jurisdiction;
- I understand that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- I understand that knowingly providing false material information constitutes a misdemeanor under RSA 641 relative to falsification in official matters.

Applicant's Signature: _____ Date Signed: _____

The penalty for perjury may include a fine or imprisonment or both