

IOWA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF RADIOLOGICAL HEALTH
PERMIT TO PRACTICE APPLICATION
X-RAY EQUIPMENT OPERATOR IN PODIATRIC RADIOGRAPHY

Instructions for completing this form:

1. Print or type the required information.
2. Attach the Completion and Statement of Competency Form signed by the clinical podiatric sponsor.
3. Attach proof of completion of the required examination with a 70% or higher score.
4. Send the completed application and forms and a \$25 fee in a check or money order made payable to IDPH:
Iowa Department of Public Health, Bureau of Radiological Health
Lucas State Office Building, 5th Floor, 321 East 12th Street, Des Moines, IA 50319

If you have any questions, please contact: Charlene Craig 515/281-0415; www.charlene.craig@idph.iowa.gov

Applicant's Name: _____	Home Phone Number _____
Home Mailing Address: _____	email address _____
City: _____	State: _____ Zip: _____
Date of Birth: _____	Social Security #: _____

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.

If you have a current, expired, or inactive permit or license in another state, please provide the state and type of permit/license: _____
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Current Employer in podiatric radiography: _____
Phone number _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
If you are not currently working in podiatric radiography, please provide the name and address of your last podiatric radiography employer and the dates of your employment:
Date: _____ Employer: _____
Employer address: _____

Renewal notices will be mailed to your home approximately 45 days in advance of permit expiration.

1. Do you have a medical condition(s) which in any way impair or limit your ability to perform under a permit issued by this application? "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 that your condition will not affect your ability to perform as a permit holder.

2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substance? []yes []no

If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status. The letter should also include a statement that your condition will not affect your ability to perform as a permit holder.

3. Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony? (other than minor traffic violations with fines under \$100). You must answer "yes" even if the matter has been expunged from the record. []yes []no

If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. If the charge was a crime against a person (i.e. assault, domestic abuse) include copies of the charging orders and court disposition records.

4. Has any state or jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license or certification issued to you? []yes []no

If yes, include date, location, reason, current status, etc.

5. Have you professional suits ever been filed against you as a result of your performance as a x-ray equipment operator in podiatric radiography? []yes []no

If yes, include the date, location, reason, resolution, etc.

6. Have any judgments or settlements been paid on your behalf as a result of a professional liability case? []yes []no

If yes, include the date, location, reason, resolutions, etc.

7. Have you ever had a license or permit suspended or revoked from a state or certification body? []yes []no
If yes, provide a description of the circumstances.

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- 1. I will allow a representative of the Iowa Department of Public Health to comprehensively evaluate whether or not I meet the training standards if necessary.
 - 2. I understand this application 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.
 - 3. I understand that submitting false information on this application may result in revocation of the permit.
 - 4. I will not perform procedures differing from the categories that I have applied for.
 - 5. The information provided on this form and enclosure(s) is truthful and accurate.

Signature of Applicant

Date

Revised 1-2013