

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

RADIOGRAPHY EXAMINING BOARD

CREDENTIALING INFORMATION FOR LIMITED X-RAY MACHINE OPERATOR (LXMO) PERMIT APPLICANTS

INSTRUCTIONS FOR LICENSURE:

Applicant must:

- Be at least 18 years of age.
- Per Wis. Stat. § [462.03\(1\)\(b\)](#), hold a high school diploma or its equivalent, as determined by the Board.
- Per Wis. Stat. § [462.03\(1\)\(c\)](#), subject to Wis. Stat. §§ [111.321](#), [111.322](#), and [111.335](#), the person does not have an arrest or conviction record.
- **Submit the following:**
 - Application:** Complete application and pay fee(s) online via LicenE, <https://license.wi.gov/>. The credential fee is \$54.00.
 - Program Curriculum Form (#2990):** This form must be forwarded and completed by your school and returned directly to the Department of Safety and Professional Services.
 - Verification of Licensure (if applicable):** You are required to have each state or territories of the United States you are or have been credentialed in submit a letter of verification to the Wisconsin Radiography Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and statement regarding disciplinary actions.
 - Wisconsin Limited Scope Examination:** After you receive authorization to sit for the Wisconsin Limited Scope Examination, you will receive further notification from the Department to register online at www.arrt.org and pay the appropriate examination fee directly to ARRT. For further information concerning the ARRT exam, please visit the following link: <https://www.arrt.org/Examination>.

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

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| <input type="checkbox"/> Complete application and pay applicable fee(s) online via LicenE | <input type="checkbox"/> Malpractice Suits or Claims (Form #2829) and copies of malpractice suit, court documents with allegations and settlement, if applicable |
| <input type="checkbox"/> Program Curriculum Form (#2990) | |
| <input type="checkbox"/> Letters from all State Boards where licensed, active and inactive | |
| <input type="checkbox"/> Convictions and Pending Charges (Form #2252), if applicable | <input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |
| <input type="checkbox"/> ARRT Ethics Review Letter, If applicable | |