



**APPLICATION FOR INDUSTRIAL
RADIOGRAPHY SAFETY EXAM (IN-STATE)**

North Dakota Department of Health
Radiation Control Program
SFN 58232 2/06

Submit form to: North Dakota Department of Health
Air Quality Division, 2nd Floor
918 East Divide Ave.
Bismarck, ND 58501-1947

Phone: 701-328-5188
Fax: 701-328-5185

Please Complete the Following (Print or Type):

1. Name (Last, First, Middle Initial)		2. Telephone Number	
3. Home Address	4. City	5. State	6. Zip
7. Company Name		8. Phone Number	
9. Company Address	10. City	11. State	12. Zip
13. Social Security Number ¹		14. Date of Birth	
15. Send Test Results To: <input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> WORK ADDRESS <input type="checkbox"/> OTHER:			
16. Exam Type (check one)		17. Applicant Classification (check one)	
<input type="checkbox"/> Radioactive materials only		<input type="checkbox"/> First-time applicant	
<input type="checkbox"/> X-ray machines only		<input type="checkbox"/> Retaking failed exam	
<input type="checkbox"/> Both materials and machines		<input type="checkbox"/> Renewal of certification	
18. Industrial radiographer training and testing information			
	Yes	No	
A. I was designated as a radiographer prior to March 1, 1992			
B. I have been trained in the subjects outlined in Appendix A of Chapter 33-10-05 (copy attached) of the North Dakota Radiological Health Rules			
C. I have been trained in all applicable portions of the North Dakota Radiological Health Rules (or equivalent)			
D. I have received instruction about our radioactive material license			
E. I have received instruction about our company's operating and emergency procedures			
F. I have completed at least thirty (30) days of on-the-job training under supervision of a radiographer instructor			
G. I have demonstrated competence in the use of radioactive materials and tools associated with industrial radiography			
H. I have successfully completed a written test and field exam on the subjects covered in items B-E above			
I. I hereby state that the above information is true and I understand that verification of this information may be requested by the North Dakota Department of Health at any time			
J. If this information is found to be inaccurate, I understand that my industrial radiography identification card may be suspended, revoked or denied			

Your Signature Date

RSO Signature Date

FOR DEPARTMENT USE ONLY

Form Reviewed by	Date	Passed			
			Yes		No
Comments					

Return the completed application to the address listed above, along with a fee of \$85.00 made payable to:

North Dakota Department of Health

Credit card payment is also available. A 2.5% surcharge is added to credit card payments.

Application Instructions for the Industrial Radiography Safety Examination

Instructions

1. Complete an application for each person taking the examination. You may make photocopies of the application form as needed. Each application must be signed by the applicant. Examinations are assigned by the individual's social security number¹ and are not transferable. This is done to ensure that individuals retaking the examination do not see the same questions upon reexamination.
2. Submit the completed applications along with the \$85 fee for each applicant. Checks must be made payable to the North Dakota Department of Health and returned with the application to the North Dakota Department of Health. The fee is non-refundable.
3. If the applicant has a disability that requires special accommodations to take the examination, please complete and submit the attached form, "Request for Disability Accommodation" with the application.
4. Please submit the application and fee by date specified by the Department.
5. Once an application is processed, the applicant will receive a letter confirming the exam date, location, and other instructions along with a map with directions to the exam site.

Examination Information

Information

There are three types of examinations offered, radioactive materials only, X-ray machines only, and both radioactive materials and X-ray machines. Each exam has a three-hour time limit. The exam consists of 125 multiple choice questions with four possible answers, only one of which is the most correct. One hundred of the questions count toward a passing score. The remaining 25 questions are presented for the purpose of validating the questions for possible use on future tests. The examinations will cover only the topics outlined on Appendix A on pages 5-31 and 5-32 of Chapter 33-10-05 of the North Dakota Radiological Health Rules (copy attached).

On the day of the examination, please bring a photo ID, No. 2 pencils and a calculator. Calculators or computers with preprogrammed data or formulas, including exposure calculators, will not be permitted. This is a closed book examination, however a data sheet will be provided containing information on the half-lives, the dose rates at one foot from a one curie source, and the half-value thickness for selected substances for standard radiography isotopes. The data sheet also has an explanation of how scientific notation is displayed in the exam.

The following four resources have been used in the development of each examination; they may be helpful for study purposes:

1. Chapter 33-10-05 of the North Dakota Radiological Health Rules.
2. Chapters 33-10-04.1, 33-10-10, and 33-10-13 of the North Dakota Radiological Health Rules.
3. Working Safely in Gamma Radiography, NUREG/BR-0024, Office of Nuclear Regulatory Research, U.S. Nuclear Regulatory Commission, Washington, DC, September 1982.*
4. Radiographic NDT, George L. Becker, Dupont NDT Systems, 1990.*Working Safely in Gamma Radiography, NUREG/BR-0024 is available from the U.S. Government Printing Office. To request copy, phone 202-512-2249. Radiographic NDT is available from the American Society of Non-Destructive Testing (ASNT). The ASNT also sells other reference material that may be helpful.

REQUEST FOR DISABILITY ACCOMMODATION

If you have a disability requiring appropriate accommodations in taking the state examination, be sure to complete and submit this form along with the application. This portion may be completed by an aide if necessary.

Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If yes, please explain:

Have you had any prior accommodations for your disability in an examination setting? If yes, specify the type of accommodation:

If you have NOT had prior accommodation for a test, what do you feel would aid you in taking the examination?:

Please sign and date below.

Signature	Date
Aide's Signature	Date

¹ PRIVACY NOTIFICATION: Submission of your social security number on this application form is voluntary. If submitted, your social security number will be provided to the state of Texas for identification purposes in regard to the industrial radiographer's exam and certification. The State of Texas develops, provides and grades the exams used by North Dakota and several other states. Social security numbers that are submitted will be held confidential in accordance with NDCC 44-04-28 and with Texas Government Code, Section 552.021, 552.023, 559.003 and 559.004. Failure to provide your social security number may preclude you from being able to take the exam and becoming certified. If the state of Texas denies your request for an exam your application fee may be forfeited.