HEALTH PROFESSIONS LICENSING AUTHORITY

GPO Box 4221 Darwin NT 0801
2nd Floor Harbour View Plaza
Cnr McMinn & Bennett Streets Darwin NT 0800
Tel: +61 8 8999 4157 Fax: +61 8 8999 4196
Email: healthprofessions.ths@nt.gov.au

APPLICATION FOR PERMIT TO CARRY OUT RADIOGRAPHIC PROCEDURES IN THE NORTHERN TERRITORY UNDER THE *RADIOGRAPHERS ACT (NT) 1976*

CATEGORY

☐ **Dental Hygienist** ☐ **Dental Therapist** ☐ **Dental Assistant**

Other please specify:

If you are a Dental Hygienist or a Dental Therapist and are required to conduct OPGs you are required to provide evidence of successful completion of a recognised OPG training program or evidence of a current permit or license to conduct OPGs in another Australian jurisdiction. *(New application only)*

I hereby apply for a **permit** to carry out radiographic procedures in accordance with section 20 of the *Radiographers Act (NT) 1976*.

PERSONAL DETAILS

Surname: _____

☐ **Dr** ☐ **Mr** ☐ **Mrs** ☐ **Miss** ☐ **Ms** *(please tick as appropriate)*

Given Names: _____

Postal Address: _____

_____

Address where x-ray equipment is located: _____

_____

Type of x-ray equipment: _____

Qualification and Course undertaken to conduct all Radiographic Procedures you require a permit to perform. Evidence of qualification in OPG required if requesting this on permit.

(attached a certified copy of the qualification)

(New applications only) _____

Where and when qualifcations obtained: _____

Signature: _____ **Date:** / /

Please complete the following questions:

1. I have previously held a Permit to carry out radiographic procedures in the Northern Territory
   YES NO
2. I currently conduct radiographic procedures in the Northern Territory
   YES NO
3. I perform only those radiographic procedures identified in my current permit ***(renewal of permit only)***
   YES NO
4. Number of radiographic procedures you have conducted since your last application for a permit. (renewal of permit only). _____

If you have answered "No" to question 1 and "Yes" to question 2 please provide a detailed written explanation as to why this occurred and include with this application.

Please note that all documents provided with the application form must be originals, or, a photocopy certified to be a true copy by a Justice of the Peace, Commissioner for Oaths, Police Officer, Solicitor, Pharmacist or original sighted by an authorised Health Professions Licensing Authority staff member.