



## TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

### **Instructor Application for Non-Certified Programs in Medical Radiologic Technology**

Statute requires that an Instructor present documentation satisfactory to the Board that they meet the minimum standards as determined by Board Rule, Texas Administrative Code §186.45 Education Programs and Instructor Requirements.

#### **INSTRUCTIONS:**

**Current Instructors** – This form MUST be completed, signed, dated, and notarized for each current instructor of a Non-Certified Program in medical radiologic technology submitting an initial Instructor application to the Texas Board of Medical Radiologic Technology. The instructor must apply for renewal of approval every three years by submitting this form and by paying the required renewal fee to the Board on or before the expiration date of the approval.

**New Instructor to an approved NCT Program** - This form MUST be completed, signed, dated, notarized and submitted to the Texas Board of Medical Radiologic Technology **THIRTY (30)** days prior to providing any instructional services in a current Board approved Non-Certified program in medical radiologic technology.

The applicant shall submit with these completed forms a **CERTIFIED CHECK OR MONEY ORDER** for **\$50.00** payable to the Texas Medical Board (TMB). This fee is NOT refundable.

Application forms and fees should be sent to:

(Mailing)  
Texas Medical Board  
Attn: Licensure Dept  
P. O. Box 2029  
Austin, Texas 78768-2029

(Physical)  
Texas Medical Board  
Attn: Licensure Dept.  
1800 Congress Ave, Suite 9-200  
Austin, Texas 78701



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

**Instructor Application for Non-Certified Programs in Medical Radiologic Technology**

To demonstrate that the Instructor meets the minimum standards, please provide:

A statement including:

- The full name of the Instructor
- The Texas License number of the Instructor, including current expiration date
- Name of Education Program completed by the Instructor
- Number of months/years of classroom or clinical experience teaching subjects as assigned
- List of all the courses to be taught with a brief description of each course
- Location(s) of Instruction (include name of facility, address, city, state, zip code)

I attest that I have the following qualification(s) (check all that apply):

- ☐ Currently certified MRT who is also currently credentialed as a radiographer by the American Registry of Radiologic Technologists (ARRT)
- ☐ Currently certified LMRT (excluding a temporary certificate) whose limited certificate category(ies) matches the category(ies) of instruction and training
- ☐ Practitioner who is in good standing with all appropriate regulatory agencies, and is not the subject of any disciplinary order

**SIGNATURE PAGE FOLLOWS**

**ATTESTATION (MUST be signed while in the presence of a Notary Public)**

I certify that the information provided on this application is true and correct. I have read, understand and agree to abide by the rules adopted by the Texas Medical Board

I understand that providing false information of any kind may result in the voiding of this application, failure to be granted approval, or revocation of program approval. I understand that the \$50.00 application fee submitted is non-refundable.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Telephone & E-mail)

The State of \_\_\_\_\_)

County of \_\_\_\_\_)

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_  
\_\_\_\_\_ known to me to be their person whose name is subscribed to the foregoing  
instrument, and having been by me duly sworn on oath, acknowledged that he/she had executed  
the same for the purposes and considerations therein expressed and that the foregoing statements  
are true and correct.

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_

Notary Public in and for the State of Texas or \_\_\_\_\_

Seal or Stamp

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary