



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

Application for Non-Certified Technician (NCT) Programs in Medical Radiologic Technology

Statute requires that a Program present documentation satisfactory to the Board that their curriculum and program requirements meets the minimum standards as determined by Board Rule Texas Administrative Code §194.13 Medical Radiologic Technology - Mandatory Training Programs for Non-Certified Technicians.

INSTRUCTIONS:

The NCT application packet consists of Forms NCT1 – NCT7. The Forms NCT1 – NCT7 must be completed by the Program Director. The documentation submitted in response to each form must have the appropriate form attached as a cover sheet to the appropriate documentation.

<u>Form Name</u>	<u>Purpose</u>	<u>Completed By</u>
Form NCT1	Program General Information	Program Director
Form NCT2	Program Outline and Curriculum	Program Director
Form NCT3	Program Equipment and Safety Compliance	Program Director
Form NCT4	Program Director and Instructors	Program Director
Form NCT5	Program Student Education File	Program Director
Form NCT6	Texas Workforce Commission	Program Director
Form NCT7	Program Attestation	Program Director

New Programs – The above forms and attestation MUST be completed, signed, dated, and submitted to the Texas Board of Medical Radiologic Technology no later than **THIRTY (30)** days prior to providing any instructional services in a non-certified program in medical radiologic technology.

For Renewals – Programs are required to renew every three years. Please submit renewal applications no later than **THIRTY (30)** days prior to the expiration date of program approval.

The applicant shall submit with these completed forms a **CERTIFIED CHECK OR MONEY ORDER** for **\$500.00** payable to the Texas Medical Board (TMB). This fee is NOT refundable.

Application forms and fees should be sent to:

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

(Physical)
Texas Medical Board
Attention: Licensure Dept.
1801 Congress Ave, Ste 9-200
Austin, Texas 78701

FORM NCT1

Program General Information

To demonstrate that the NCT program meets the minimum standards, please provide:

- A statement including:
 - The name of the Program as registered with the TWC or THECB
 - The physical location of the program (including street address, city, state, zip code)
 - The mailing address of the program, if different from the physical location
 - The website address of the program, if any
 - Contact information of the program, including phone number(s), facsimile number(s), and email address(es)
 - Daily hours of operation
 - List of Auxiliary Staff (i.e. - Program Coordinator, Program Administrator, Registrar, Receptionist, etc.) employed, if applicable, and if so, their full name(s), official title(s), contact information
 - Whether you were previously listed as an approved NCT program with the Texas Department of State Health Services (DSHS), and if so, the previous certificate number

- Brochures, pamphlets, catalogs or other documentation related to general information about the program. Any documentation available to the general public and/or prospective students regarding the program.

A copy of Form NCT1 must be submitted as a cover sheet to the documentation submitted in response to the requirements noted on Form NCT1.

Name of Program:

Name of Program Director:

Signature of Program Director:

Date:

FORM NCT2

Program Outline and Curriculum

To demonstrate that the NCT program meets the minimum standards, please provide:

- A statement including:
 - The beginning date and the anticipated length of the training program
 - Whether programs will be conducted consecutively, and if so, the number of programs which will be conducted concurrently
 - The number of students anticipated in each program
 - Evidence of a structured pre-planned learning experience with specific outcomes
 - How students are advised that they are prohibited from performing radiologic procedures which have been identified as dangerous or hazardous in accordance with §194.17 of this chapter (relating to Dangerous or Hazardous Procedures) unless they become an LMRT, MRT or a practitioner
 - How often written and oral examinations are used to measure student progress
 - Whether any software database is used to create course curriculum, and if so, the name and brief description of software used
 - Whether the program offers remedial education for individuals who previously completed an NCT program, and if so, number of hours awarded upon completion

- Copy of course syllabi

- Copy of grading rubric used for written and oral examinations

- Copy of certificate, transcript, or written statement issued to each student who successfully completes the program that includes: the name of the student, name of the program, dates of attendance, date of completion, types of radiologic procedures covered in the program completed by the student, and number of classroom hours completed according to the minimum training requirements outlined in Board Rule §194.13(b).

- Copy of records retention policy for certificates, transcripts, or written statements issued to each student who successfully completes the program

- Copy of remedial education course curriculum, if applicable

A copy of Form NCT2 must be submitted as a cover sheet to the documentation submitted in response to the requirements noted on Form NCT2.

Name of Program:

Name of Program Director:

Signature of Program Director:

Date:

FORM NCT3

Program Equipment and Safety Compliance

To demonstrate that the NCT program meets the minimum standards, please provide:

- A statement including:
 - Whether radiographic equipment is used at the physical location of the Program
 - If radiographic equipment is used, is it registered with the Texas Department of State Health Services (DSHS)
 - If radiographic equipment is used, when the radiographic equipment was last inspected by DSHS
 - If radiographic equipment is used, do students practice on people who have a medical need/healing arts referral, and if not, then are phantom (inanimate objects) used for training purposes
 - If no radiographic equipment is used at the physical location of the Program, do students receive practice at an off-site facility, and if so, the name of all facilities associated with the program for training purposes

- Copy of current inspection letter from DSHS, if applicable

- Copy of affiliation agreement with the Program and facility that allows students to access to radiographic equipment for training purposes, if applicable

A copy of Form NCT3 must be submitted as a cover sheet to the documentation submitted in response to the requirements noted on Form NCT3.

Name of Program:

Name of Program Director:

Signature of Program Director:

Date:

FORM NCT4

Program Director and Instructors

To demonstrate that the NCT program meets the minimum standards, please provide:

- A statement including:
 - The full name of the Program Director
 - The Texas License number of the Program Director, including current expiration date
 - A list of the full names of all approved instructors, including their Texas License number
 - The curriculum topics taught by the Program Director and/or each approved instructor, a list of which curriculum topics each instructor or Program Director is teaching, and the number of maximum students expected in each curriculum topic classroom.
 - The work schedule including the day(s) of the week and number of hours taught each day by the Program Director and/or each approved instructor

- Copy of job description for the Program Director

- Copy of job description for an Approved Instructor, if applicable

Each instructor must also complete and submit with application fee the "[Instructor Application for Non-Certified Programs in Medical Radiologic Technology.](#)"

A copy of Form NCT4 must be submitted as a cover sheet to the documentation submitted in response to the requirements noted on Form NCT4.

Name of Program:

Name of Program Director:

Signature of Program Director:

Date:

FORM NCT5

Program Student Education File

To demonstrate that the NCT program meets the minimum standards, please provide:

- A statement including:
 - The clearly defined and written policies regarding the criteria for admission
 - The clearly defined and written policies regarding the criteria for discharge
 - The clearly defined and written policies regarding the criteria for readmission
 - The clearly defined and written policies regarding the criteria for completion of the program
 - Explanation of how records are maintained for each student's attendance. Include copies of attendance templates if applicable
 - Explanation of how student's participation, skill competency, and evaluations are documented and maintained in the program. Include copies of accurate evaluation instruments (exams) and grades templates if applicable
 - Whether any software database is used to track student attendance, and if so, the name and brief description of software used
 - How many years records are retained for enrolled students who completed the program. Such records shall be made available upon request by the board or any governmental agency having authority
 - How many years records are retained for enrolled students who did not complete the program. Such records shall be made available upon request by the board or any governmental agency having authority

A copy of Form NCT5 must be submitted as a cover sheet to the documentation submitted in response to the requirements noted on Form NCT5.

Name of Program:

Name of Program Director:

Signature of Program Director:

Date:

FORM NCT6

Texas Workforce Commission

To demonstrate that the NCT program meets the minimum standards, the Program Director must provide either:

- A letter or other documentation from the Texas Workforce Commission, Career Schools and Colleges Section indicating that the proposed training program has complied with or has been granted exempt status under Texas Education Code, Chapter 132; or
- a statement attesting that approval has been granted by the Texas Higher Education Coordinating Board, which does not require a verification letter or other documentation.

A copy of Form NCT6 must be submitted as a cover sheet to the documentation submitted in response to the requirements noted on Form NCT6.

Name of Program:

Name of Program Director:

Signature of Program Director:

Date:

FORM NCT7

Program Attestation

To demonstrate that the NCT program meets the minimum standards, the Program Director must sign the Program Attestation form **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 all hours of the training program must be live, in-person, and directed by an approved instructor.

In accordance with the rules adopted by the Texas Medical Board 22 TAC §194.13, the applicant program agrees to comply with the requirements for non-certified medical radiologic programs which includes an agreement to allow the board to conduct an administrative audit of the program to determine compliance with this section and an agreement to permit site inspections by employees or representatives of the board to determine compliance with this section.

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 and shall report within 30 days any change of address for the physical location of the program. I understand that the \$500.00 application fee submitted is non-refundable.

Signature

Date

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 the 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 _____

Signature of Notary

Printed Name of Notary

Seal or Stamp

Date (MM/DD/YYYY)