



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

Application for Limited Educational 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 §194.12](#), Medical Radiologic Technology - Standards for the Approval of Limited Certificate Programs.

INSTRUCTIONS:

The application must be completed by the Program Director.

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 designed to train persons to perform limited medical radiologic procedures and qualify such persons for a temporary limited certificate or limited certificate in medical radiologic technology.

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
MC-232
P. O. Box 2029
Austin, Texas 78768-2029

(Physical)
Texas Medical Board
MC- 232
333 Guadalupe, Tower 3, Suite 610
Austin, Texas 78701



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

Application for Limited Educational Program in Medical Radiologic Technology

1) Name of Program:

2) Location of Program (city, state, zip):

- 3) All programs and curricula training individuals to perform limited radiologic procedures must:
- (1) be accredited by JRCERT, ABHES, or SACS to offer a limited curriculum in radiologic technology; or
 - (2) be accredited by JRCCVT to offer a curriculum in invasive cardiovascular technology.

Is the program currently accredited: YES / NO (circle one)

Name of accrediting organization: _____

(A copy of current accreditation issued to the program by accepted accrediting organizations must be included with application.)

4) List of Instructors (include supplemental pages if necessary):

Full Name	Texas License Number	License Expiration Date

AGREEMENTS

In accordance with the rules adopted by the Texas Medical Board, 22 Texas Administrative Code §194.12, the applicant program agrees to comply with the requirements for limited certificate programs which includes an agreement to allow the board to conduct an administrative audit of the program to determine compliance with this section.

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 \$500.00 application fee submitted is non-refundable.

PROGRAM DIRECTOR'S VERIFICATION

Signature: _____

Date: _____

Printed Name: _____

Address: _____

Address: _____

Phone: _____

Email: _____

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

Month, day, year