



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

Instructor Information for Non-Certified Programs in Medical Radiologic Technology

Chapter §194.13 Medical Radiologic Technology - Mandatory Training Programs for Non-Certified Technicians

INSTRUCTIONS:

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

(Physical)
Texas Medical Board
Attn: Licensure Dept.
MC- 232
333 Guadalupe, Tower 3, Suite 610
Austin, Texas 78701

INSTRUCTION FOR NON-CERTIFIED INSTRUCTOR APPROVAL
(with references to Board Rules)

TITLE 22	EXAMINING BOARDS
PART 9	TEXAS MEDICAL BOARD
CHAPTER 194	MEDICAL RADIOLOGIC TECHNOLOGY
SUBCHAPTER A	CERTIFICATE HOLDERS, NON-CERTIFIED TECHNICIANS, AND OTHER AUTHORIZED INDIVIDUALS OR ENTITIES
RULE 194.13	MANDATORY TRAINING PROGRAMS FOR NON- CERTIFIED TECHNICIANS

(e) Application Procedures and Eligibility Requirements for **Instructors**.

(1) Except as otherwise provided, all persons who will provide instruction and training in an approved program under this section must obtain approval by the board prior to initiating instruction or training.

(2) To obtain board approval, all individual(s) must at a minimum:

(A) submit an application on a form prescribed by the board;

(B) pay the required application fee, as set forth under Chapter 175 of this title;

(C) successfully complete an education program in accordance with §194.12 of this chapter and not less than six months classroom or clinical experience teaching the subjects assigned; and

(D) have at least one or more of the following qualifications:

(i) be a currently certified MRT who is also currently credentialed as a radiographer by the American Registry of Radiologic Technologists (ARRT);

(ii) be a currently certified LMRT (excluding a temporary certificate) whose limited certificate category(ies) matches the category(ies) of instruction and training; and/or

(iii) be a practitioner who is in good standing with all appropriate regulatory agencies, and is not the subject of any disciplinary order; and

(E) submit to the board any other information the board considers necessary to evaluate the applicant's qualifications.

(f) Procedure for Approval or Denial.

(1) Review by the Executive Director.

(A) The executive director or designee shall review applications for approval and may determine whether an applying program or instructor is eligible for approval, or refer an application to the Education Committee of the board for review.

(B) If the executive director or designee determines that the applying program or instructor clearly meets all approval requirements, the executive director or designee may approve the applicant, to be effective on the date issued without formal board approval.

(C) If the executive director determines that the applying program or instructor does not clearly meet all approval requirements prescribed by the Act and this chapter, approval may be issued only upon action by the board following a recommendation by the Education Committee. The Education Committee may recommend to grant or deny the approval request.

(2) Reconsideration of Denials.

(A) Determinations to deny approval of a program or instructor may be reconsidered by the Education Committee or the board based on additional information concerning the applying program or instructor and upon a showing of good cause for reconsideration.

(B) A decision to reconsider a denial determination shall be a discretionary decision by the Education Committee, based on consideration of the additional information. Requests for reconsideration shall be made in writing by the applying program director or instructor.

CHECKLIST

_____ Completed application (notarized and completed by applicant)

_____ Verification of instructor credentials

_____ Application fee of \$50 (Payable by check or money order to The Texas Medical Board (TMB))

Comment [LB1]: NCT Instructor eligibility requirements: completion of program at least six months in length, be currently registered as an LMR or MRT, OR another type of practitioner in good standing. Not sure why I added "Verification of MRT/LMRT credentials to the checklist" If they are another type of medical practitioner they provide that info including their license number on the application, BUT if they are an MRT/LMRT - do they need to provide any type of verification or do we verify this when we get the app?

Comment [MJ2]: Maybe you could just say verification of instructor's credentials? We will verify it on our end of course, but it can't hurt asking them to submit a copy of the cert



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

Application for Instructors for non-certified programs in medical radiologic technology

Name: _____ Title: _____

Course(s) to be taught or area of responsibility:

Years of teaching experience (if an instructor): _____

Credentials (if an instructor):

- 1) Do you have at least six months of classroom or clinical experience teaching the subjects assigned? **YES/NO** (Circle one)
- 2) Are you currently in good standing with all appropriate regulatory agencies related to your practice profession and not the subject of any disciplinary order? **YES/NO** (circle one). If the answer is "No", please attach a statement of explanation.
- 3) Which of the following applies to you?

_____ I am currently certified as an MRT who is also a credentialed radiographer by the American Registry of Radiologic Technologists (ARRT).

_____ I am currently certified as an LMRT (excluding temporary certificate) whose limited certificate category(ies) matches the category of instruction and training.

_____ Other: Indicate Profession/License Number _____

Location of Instruction (include name of facility, address, city, state, zip code):

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 _____

Signature of Notary

Seal or Stamp

Printed Name of Notary