BRC Form 255-E
(Rev. 09/05)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SAFETY LICENSING BRANCH
1100 West 49th Street
Austin, TX 78756

FOR AGENCY USE ONLY
ID No. _____
Staff Initials _____

TRAINEE QUALIFICATION

INSTRUCTIONS: Complete all sections. Mail the original to the above address. Give a copy to the trainee and keep a copy for your records. If prepared by the trainee, give a copy to your radiation safety officer (RSO). **Incomplete or incorrect forms will be returned**.

CHECK ONE: ☐ New Trainee Status Card ☐ Replacement Card

PLEASE TYPE OR PRINT LEGIBLY

I. PERSONAL DATA

Full Name _____
Last First Middle

Date of Birth _____ (MM/DD/YY) Social Security No. _____

II. AGENCY AUTHORIZED TRAINING [25 TAC §289.255(m)(1)(A)]

Completed 40 classroom hours of training on the topics outlined in 25 TAC §289.255(y)(1) _____ (MM/DD/YY)

This instruction was provided by _____ (Company Name) _____ (State) _____ (License/Registration Number)

III. ADDITIONAL QUALIFICATION REQUIREMENTS [25 TAC §289.255(n)(1)]

If currently working for a radiography company, you must complete this section, and the RSO must sign this form.

Company Name _____

Co. Phone No. _____ Co. License/Registration No. _____

Co. Mailing Address _____
Street City State Zip

Completed written or oral exam given by licensee/registrant covering topics in §289.255 (n)(1)(A) on _____ (MM/DD/YY)

Demonstrated competence using this company's sources of radiation on _____ (MM/DD/YY)

IV. MAIL TRAINEE STATUS CARD TO:

☐ Company ☐ Other Address _____
Street City State Zip

V. CERTIFICATION

The Radiation Safety Licensing Branch (RSLB) policy states that on-the-job training hours may begin on the date this form is signed, if the form is received by RSLB within 14 calendar days of the signature date.

If the classroom training was received prior to employment, only the trainee is required to certify the information.
I certify the above information is correct to the best of my knowledge.

_____ Signature of Trainee Applicant

_____ Signature of Radiation Safety Officer (RSO)

_____ Date

_____ Printed or Typed Name of RSO

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us/policy/privacy.shtm for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)