

TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
RADIATION SAFETY LICENSING BRANCH  
P.O. Box 149200, ZZ113-120  
Austin, TX 78714-9200

ZZ113-120

FOR AGENCY USE ONLY	
ID No.	_____
Staff Initials	_____
TOTAL:	_____

**OUT-OF-STATE RADIOGRAPHER QUALIFICATION**

**INSTRUCTIONS:** Use this form when documenting one year of radiographer experience with a company outside of Texas. Complete all sections. Mail the original and \$100.00 nonrefundable fee, payable to DSHS, to the above address. **Incomplete or incorrect forms will be returned.**

**CHECK ONE:**     Radioactive Materials Only     X-Ray Machines Only     Both

**PLEASE TYPE OR PRINT LEGIBLY**

**I. PERSONAL DATA**

Full Name \_\_\_\_\_  
Last First Middle

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

**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) on \_\_\_\_\_  
(MM/DD/YY)

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

**III. RADIOGRAPHER EXPERIENCE [25 TAC §289.255(m)(2)(A)(ii)(V)]**

Use the back of this form to document one year of radiographer experience.

**IV. 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/registant 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)

**V. CERTIFICATION**

I certify the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Radiographer Applicant

\_\_\_\_\_  
Signature of Radiation Safety Officer (RSO)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of Licensed 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.)

Radiographer's Name: \_\_\_\_\_

## RADIOGRAPHER EXPERIENCE

### E X A M P L E

*Dates of Radiographer Experience (mm/dd/yy) Thru (mm/dd/yy)	Name the Equipment Manufacturer	Print Name of Company
		City/State
<i>01/01/04 – 01/01/05</i>	<i>Amersham, INC, SPEC, etc. Balteau, XMAS, Sperry, etc.</i>	<i>XYZ Industries, Inc.</i>
		<i>Racine, Wisconsin</i>

To qualify as a radiographer in Texas, document one year of radiographer experience with a company outside of Texas.

*Dates of Radiographer Experience (mm/dd/yy) Thru (mm/dd/yy)	Name the Equipment Manufacturer	Print Name of Company
		City/State

\*Radiographer experience includes the use of sources of radiation, performance of radiation surveys and radiation safety related activities. Radiographer experience does not include film development and interpretation, darkroom activities, travel, safety meetings, classroom training and/or the use of cabinet x-ray units.