

**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	_____
TOTAL:	_____

TRAINER QUALIFICATION

INSTRUCTIONS: Complete all sections. Mail the original to the above address.

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)

Radiographer Identification No. _____

II. CERTIFIED RADIOGRAPHER EXPERIENCE [25 TAC §289.255(m)(3)(A)]

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

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

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 25 TAC §289.255 (n)(1)(A) on _____
(MM/DD/YY)

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

IV. CERTIFICATION

I request that the license/registration referenced above be amended to include this applicant. I certify the above information is correct to the best of my knowledge.

Signature of Trainer Applicant

Signature of Radiation Safety Officer (RSO)

Date

Printed or Typed Name of RSO

PRIVACY NOTIFICTION: 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: _____

CERTIFIED RADIOGRAPHER EXPERIENCE RECORD

E X A M P L E

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

To qualify as a trainer, document one year of experience as a certified radiographer.

*Years of Certified Radiographer Experience (mm/dd/yy) Thru (mm/dd/yy)	Name the Equipment Manufacturer Specify Radioactive Material Device and/or X-Ray Machine	Print Name of Radiation Safety Officer 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.