



MEDICAL RADIOLOGICAL TECHNOLOGIST CERTIFICATION PROGRAM  
PROFESSIONAL LICENSING AND CERTIFICATION UNIT  
1100 WEST 49<sup>TH</sup> ST  
AUSTIN, TX 78758-3183  
(512) 834-6617

**Amendment Application for Non-Certified Technician Training Programs**

**AUTHORITY:** Texas Occupations Code, Chapter 601 and 25 TAC §143.17

**INSTRUCTIONS:**

TYPE or PRINT LEGIBLY.

This form **MUST** be completed, signed, dated, notarized and submitted to the Medical Radiologic Technologist Certification Program **BEFORE** providing any instructional services designed to instruct persons to train/teach a non-certified technician program. The applicant shall submit the attached amendment application form with **\$40.00 payable to the Texas Department of State Health Services. This fee is NOT refundable.**

All signatures must be originals, not photocopies. Incomplete applications cannot be approved.

Applicants who do not meet the minimum qualifications will not be approved as instructors.



8. List academic training in order of attendance. Give accurate locations and dates.

| Name of Institution | Address, City State, Zip Code | From (Date) | To (Date) | Major | Degree/Diploma |
|---------------------|-------------------------------|-------------|-----------|-------|----------------|
| Vocational School   |                               |             |           |       |                |
| College             |                               |             |           |       |                |
| College             |                               |             |           |       |                |
| Graduate School     |                               |             |           |       |                |
| Other               |                               |             |           |       |                |

9. List last three (3) teaching positions held beginning with the most recent experience. Give accurate addresses and dates. If none, so state. NOTE: Program Directors for institutional programs must have not less than three (3) years teaching experience in radiologic technology for that designation.

| Name of Institution | Address, City State, Zip Code | Title | Subjects Taught | From (Date) | To (Date) |
|---------------------|-------------------------------|-------|-----------------|-------------|-----------|
|                     |                               |       |                 |             |           |
|                     |                               |       |                 |             |           |
|                     |                               |       |                 |             |           |

10. List last three (3) positions held which demonstrate practical experience in the proposed teaching/instruction field(s). This does not refer to teaching experience shown above. Begin with most recent experience. Give accurate addresses and dates.

| Name of Employer | Address, City State, Zip Code | Job Title | From (Date) | To (Date) | # of Months |
|------------------|-------------------------------|-----------|-------------|-----------|-------------|
|                  |                               |           |             |           |             |
|                  |                               |           |             |           |             |
|                  |                               |           |             |           |             |

11. Subjects to be taught: \_\_\_\_\_

12. Daily teaching/instruction hours: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

13. Professional Conduct: (ALL QUESTIONS MUST BE ANSWERED. If explanations are necessary, use an additional page).

A. Have you ever had a diploma, credential, license, or certificate denied, revoked or suspended?

Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, attach documentation.

B. Have you ever been dismissed or asked to resign from any position for immoral or unprofessional conduct? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, explain fully.

D. Have you ever been convicted, pled guilty to, or received deferred adjudication for a felony or misdemeanor, other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, attach documentation. (Please note that Driving While Intoxicated is not a minor traffic violation.)

14. I certify that the foregoing statements are true and correct.

\_\_\_\_\_  
Date                      Signature of Applicant                      MUST sign in presence of the Notary

15. Notary's certificate of acknowledgment:

State of Texas

County of \_\_\_\_\_

Before me, \_\_\_\_\_, a notary public, on this day personally  
appeared \_\_\_\_\_, known to me (or proved to me on the oath of  
\_\_\_\_\_) to be the person whose name is subscribed to the foregoing instrument  
and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

Notarial seal/stamp