



**Affidavit for Continuing Education Exemption
Medical Radiologic Technologist Certification Program**

RETURN THIS FORM AT TIME OF RENEWAL

Name _____

Medical Radiologic Technologist Certificate # _____

I have read 25 Texas Administrative Code §143.11(i) Exemptions, and am eligible for the exemption checked below. I understand that the Texas Department of State Health Services may deny my request for an exemption in accordance with the rules §143.11(k). **I understand that supporting documentation must accompany this request and my renewal application and fee.**

- _____ (1) retirement - entire renewal period
- _____ (2) does not perform radiologic procedures - entire renewal period
- _____ (3) health reasons prevent compliance* - entire renewal period
- _____ (4) other reason which prevents compliance*
- _____ (5) military duty*
- _____ (6) examination dealing with ionizing forms of radiation administration*

*Documentation MUST accompany this affidavit.

This form must be signed in the presence of a Notary Public.

Signature

SUBSCRIBED AND SWORN TO BEFORE ME BY

Affiant's Printed Name

Date

Signature of Notary Public in and for the

State of _____