



APPLICATION INSTRUCTIONS FOR NON-CERTIFIED TECHNICIANS

PRINT OR TYPE all information on the forms.

This is an application packet for NON-CERTIFIED TECHNICIANS. Fees are non-refundable.

**PLEASE RETURN TO: DSHS/MEDICAL RADIOLOGIC TECHNOLOGIST CERT. PROGRAM
P. O. BOX 12197
CAPITOL STATION
AUSTIN, TEXAS 78711-2197**

TOTAL FEE DUE FOR APPLICATION IS \$64.00

Enclosed is a copy of Texas Occupations Code, Chapter 601 and Texas Administrative Code, Chapter 143.1

Chapter 143.17(a) Mandatory Training Programs for Non-Certified Technicians and Chapter 143.18 Registry for Non-Certified Technicians. Chapter 143.18(c) A person who has completed all the training program though previously completed courses in accordance with 143.17(d) of this title may apply directly to the department within **two years** of completion of the course to be placed on the registry upon receipt of an application and required fee.

All NCT's must complete 62 classroom hours (143.17(d)(2)) which are fundamental to diagnostic radiologic procedures. §143.17(d)(3)(A)-(G) states and one or more of the following units of applied human anatomy and radiologic procedures of the skull – 10, chest – 8, spine – 8, abdomen – 4, upper extremities – 14, lower extremities – 14, podiatric – 5.

Non-certified technicians (NCTs) are defined as persons performing radiologic procedures (x-rays) for medical purposes, who are not TDH-certified medical radiologic technologists (MRTs) or limited medical radiologic technologists (LMRTs).

NCTs will not be allowed to perform dangerous or hazardous radiologic procedures. The Texas Department of State Health Services (DSHS) has identified dangerous or hazardous procedures included in this packet.

A list of training programs approved by DSHS is attached. Upon successful completion of the training program, a registration form completed in full, a certificate of completion issued by the training program and a \$64.00 application fee must be received by DSHS in order for the individual to be placed on the *registry*. The name and address of the NCT will be added to the *registry* maintained by DSHS.

FYI – Any person performing radiologic procedures under the supervision of a licensed practitioner must be registered with the practitioner's licensing board whether it is the Texas State Board of Medical Examiners, Board of Chiropractic Examiners, or Podiatric Medical Examiners. **Do not send your registration fee for the Board of Medical Examiners to the MRT Program, Texas Department of State Health Services.**

PRIVACY NOTIFICATION

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.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)



APPLICATION FOR
REGISTRY FOR NON-CERTIFIED TECHNICIANS
1100 West 49th Street, Austin, Texas 78756-3183

Budget #ZZ124
Fund #124
\$64.00

Last Name: First Name:

Middle Name: Maiden Name:

Mailing Address:

City: State Zip:

Telephone Number (Include Area Code):

Date Of Birth: Social Security Number: Gender: M F

Have you ever pled nolo contendere or been convicted of any crime other than a minor traffic violation? Yes No
If YES, a copy of the charges and disposition papers MUST be attached. Driving while intoxicated (DWI) is NOT a minor traffic violation.

Are you an RN or Physician Assistant licensed in Texas? (Circle one) YES NO

If yes, License # and expiration date

Place of Employment:

Address:

City: State: Zip: Telephone #

Name of Training Program (training must have been completed within the last two years)

Address:

City: State: Zip: Telephone Number (Include AreaCode):

Date of Successful Completion of the Training Program:

Attach copy(s) of certificate of completion of the training program to this Application for NCT Registry.

List The Types Of Radiologic Procedures Covered In The Training Program:

I declare that all information on this form and all attached documentation is accurate and true.

Signature of Applicant

Date