



Medical Radiologic Technologist Certification Program
 PO BOX 12197
 CAPITOL STATION
 AUSTIN, TEXAS 78711-2197
 (512) 834-6617 Fax # (512) 834-6677

Budget # ZZ 124
 Fund #124

RENEWAL/LATE RENEWAL FORM

To renew your certification return this document post marked on or before the expiration of your certification with the appropriate fee.

If your certificate has been expired ONE year or more, you must reapply and meet the current application requirements, and pay the new application fee.

Renewal /Late Renewal Fees

Renewal Fee:	\$66.00
Late 1 – 90 days	\$96.00
Late 91 – 365 days	\$126.00

CERTIFICATE NUMBER: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (_ _) _____

SOCIAL SECURITY NUMBER (required) _____

DATE OF BIRTH (required) _____

Primary Place of Employment: (Update if incorrect; active practice is not required to renew.)

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____

1. Have you pled nolo contendere, received deferred adjudication or been convicted of a crime, other than a minor traffic violation, since your last renewal? (D.W.I. is NOT a minor traffic violation.) If yes, attach copy of charges and disposition papers. YES NO

Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.

2 . During the renewal period, did you earn the required CE hours? If you are selected for AUDIT, please submit copies of your CE certificates. YES NO

NOTE: If your name has changed, submit a copy of the legal name change document.