

PERSONAL INFORMATION (TYPE or PRINT LEGIBLY)

MEDICAL RADIOLOGIC TECHNOLOGIST CERTIFICATION

1100 West 49th Street ■ Austin, Texas 78756-3183 Phone: (512)834-6617 ■ Fax: (512)834-6677 Email: mrt@dshs.state.tx.us
Website: www.dshs.state.tx.us/hcqs/plc/mrt.htm

BUDGET ZZ124 FUND 124

06/05

APPLICATION TO UPGRADE TEMPORARY GENERAL CERTIFICATE

To upgrade a temporary general certificate to full certification, the following documentation must be submitted: **Proof of your ARRT certification and \$30.00**

The nonrefundable, APPLICATION PROCESSING FEE OF \$30.00 MUST accompany this form.

	·		
1.	LAST NAME	_	
	FIRST NAME	_	
	MIDDLE/MAIDEN NAME	_	
2.	Mailing address	_	
		_	
	City State Zip code _		
	TELEPHONE #(
	EMAIL		
3.	BIRTH DATE MonthDay Year		
4.	Social Security # (Required for information purposes only)		
5.	adjudication or been convicted of a crime other than a minor traffic offense? Yes No		
	If your answer is "YES" to the above question, give a complete ex and send a copy of your disposition papers.	planation on a separate sheet	
		Upgrade app	