



TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

DO NOT WRITE IN THIS BLOCK -

APPLICATION FEE - \$35.00

Check # _____	Amount _____
Certificate # _____	
Issued _____, 20_____	

Application for Podiatric Medical Radiological Technicians

Name: _____
(Last Name) (First Name) (Middle Name or Initial)

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone (A/C & No.) _____ Social Security # : _____ Date of Birth: _____

Date of Employment with Supervising Podiatric Physician(s): _____

Will you be performing radiological procedures under the direction of a doctor of podiatric medicine who is licensed in the State of Texas and who prescribes the radiological procedure? Yes No

Do you hold a certificate as a medical radiological technician (i.e. NCT; NCT-Podiatric; PMA) with the Texas Department of State Health Services? Yes No

Please list all supervising podiatric physicians and their locations. If more room is needed, attach additional pages.

(1) Name: _____
(Last Name) (First Name) (Middle Initial) (License #)

Location: _____

Address: _____ Phone#: _____
(City) (State) (Zip) (Area Code) (Number)

(2) Name: _____
(Last Name) (First Name) (Middle Initial) (License #)

Location: _____

Address: _____ Phone#: _____
(City) (State) (Zip) (Area Code) (Number)

(3) Name: _____
(Last Name) (First Name) (Middle Initial) (License #)

Location: _____

Address: _____ Phone#: _____
(City) (State) (Zip) (Area Code) (Number)

(4) Name: _____
(Last Name) (First Name) (Middle Initial) (License #)

Location: _____

Address: _____ Phone#: _____
(City) (State) (Zip) (Area Code) (Number)

State of Texas Podiatric Medical Radiological Technician Application Page 2

Documents That Must Accompany Application:

1. \$35.00 Application Fee.
2. Proof of successful completion of mandatory DSHS training (copy of certificate) must accompany application in order for application to be processed. If proof is not attached, application will be returned. Mandatory training is set out in 25 Texas Adm. Code, §140.518 (relating to Mandatory Training Programs for "Non-Certified Technicians") and /or 25 Texas Adm. Code §140.522 (relating to Alternate Training Requirements for "Podiatric Medical Assistants").
3. \$25.00 Penalty Fee must be added to registration fee if applicant is already taking x-rays in the podiatric physician's office.

*******AFFIDAVIT*******

(Applicant's Name) _____, being duly sworn according to law, deposes and attests that (s)he is the person referred to in this application for approval to function as a Podiatric Medical Radiological Technician in the State of Texas, that the statements herein contained on this application are true in every respect; that (s)he has read and fully understands this affidavit and that (s)he has read and will abide with the rules and regulations relating to Podiatric Medical Radiological Technicians as specified in Board Rule Chapter 382 (§382.1 - §382.11) and Texas Occupations Code Chapter 202. I also certify that I have graduated from the following Podiatric Medical Assistant Radiology Training Program (i.e. NCT; NCT-Podiatric; PMA):

Full Name of Program & By Whom Given: _____
_____ on (date of graduation) _____.

I acknowledge and fully understand that any attempt to alter or falsify the information contained in this affidavit or on the Application for Podiatric Medical Radiological Technician will result in the immediate revocation of my registration to perform podiatric radiological; procedures under the supervision of a licensed Texas podiatric physician.

I hereby attest and affirm that the above information is the truth.

(Applicant's Signature)

(Date of Signature - Month, Day, Four Digit Year)

THIS PORTION TO BE COMPLETED BY NOTARY PUBLIC:

Sworn and Subscribed before me on the _____ day of _____, 20_____.

(NOTARY PUBLIC SIGNATURE)

Notary
Seal

My Commission Expires _____, 20_____

State of _____ County of _____

Return your: 1) Completed Application, 2) Fee and 3) Proof of Training to:

TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

MAILING ADDRESS: P.O. Box 12216, Austin, TX 78711-2216

PHYSICAL ADDRESS: 333 Guadalupe, Tower II, Suite #320, Austin, TX 78701

TELEPHONE: 512-305-7000 FAX: 512-305-7003

WEBSITE ADDRESS: www.tsbpme.texas.gov