

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIOACTIVE MATERIALS LICENSING GROUP – MC2835
P O BOX 149347
Austin, TX 78714-9347

FOR AGENCY USE ONLY	
ID No.	_____
Staff Initials	_____
File No.	_____
Entity No.	_____
App No.	_____

TRAINEE QUALIFICATION

INSTRUCTIONS: Complete all sections. Mail the original to the above address. Give a copy to the trainee and keep a copy for your records. If prepared by the trainee, give a copy to your Radiation Safety Officer (RSO). **Incomplete or incorrect forms will be returned.**

CHECK ONE: New Trainee Status Card Replacement Card

PLEASE TYPE OR PRINT LEGIBLY

I. PERSONAL DATA

Full Name _____
Last First Middle

Date of Birth _____ Social Security No. _____
(MM/DD/YY)

Mailing Address _____
Street City State Zip

Phone No. _____ **Mail Trainee Card to:** Residence Employer

II. AGENCY AUTHORIZED TRAINING [25 TAC §289.255(e)(1)(A)]

Completed 40 classroom hours of training on the topics outlined in 25 TAC §289.255(x)(1) _____
(MM/DD/YY)

This instruction was provided by _____
(Company Name) (State) (License/Registration Number)

(If available, **please provide a copy of the completed 40 classroom hours of training certificate.** Please note providing a copy of the training certificate is not a requirement.)

III. ADDITIONAL QUALIFICATION REQUIREMENTS [25 TAC §289.255(f)(1)]

If currently working for a radiography company, you must complete this section, and the RSO must sign this form.

Company Name _____

Co. Phone No. _____ Co. License/Registration No. _____

Co. Mailing Address _____
Street City State Zip

Completed written or oral exam given by licensee/registant covering topics in §289.255 (f)(1)(A) on _____
(MM/DD/YY)

Demonstrated competence using this company's sources of radiation on _____
(MM/DD/YY)

IV. CERTIFICATION

The Radiation Safety Licensing Branch (RSLB) policy states that on-the-job training hours may begin on the date this form is signed, if the form is received by RSLB within 14 calendar days of the signature date.

Only the trainee is required to certify the classroom training information in Section II. above if this training was received prior to employment.

I certify the above information is correct to the best of my knowledge.

Signature of Trainee Applicant

Signature of Radiation Safety Officer (RSO)

Date

Printed or Typed Name of RSO

<p>PRIVACY NOTIFICATION: If you are applying as an individual, 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.dshs.state.tx.us/policy/privacy.shtm for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)</p>
