RC Form 255-OS
(Rev. 02/16)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIOACTIVE MATERIALS LICENSING GROUP – MC2003, ZZ113-120
P.O. Box 149347
Austin, TX 78714-9347

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

RADIOGRAPHER QUALIFICATION - OJT (YEARS)

INSTRUCTIONS: Use this form when documenting one year of radiographer experience. Complete all sections. Mail the original and **$110.00 nonrefundable, non-transferable fee,** payable to DSHS, to the above address. **Incomplete or incorrect forms will be returned.**

CHECK ONE: ☐ Radioactive Materials Only ☐ X-Ray Machines Only ☐ Both

PLEASE TYPE OR PRINT LEGIBLY

I. PERSONAL DATA

Full Name _____
Last First Middle

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

Mailing Address _____
Street City State Zip

Phone No. _____ Mail Radiographer 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) on _____ (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 this certification is not a requirement.)

III. RADIOGRAPHER EXPERIENCE [[25 TAC §289.255(e)(2)(A)(ii)(V)]

Use page two of this form to document at least **one year** of radiographer experience.

IV. 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/registrant 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)

V. CERTIFICATION

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

_____ Signature of Radiographer Applicant

_____ Signature of Radiation Safety Officer (RSO)

_____ Date

_____ Printed or Typed Name of Licensed RSO

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.)

Applicant's Name: _____

Please document On-the-Job-Training, in years (beginning on or after completion of 40 hour safety course), showing at least one year of experience. Use additional copies of this page as necessary.

On-the-job training includes the use of sources of radiation, performance of radiation surveys and radiation safety related activities. On-the-job training does not include film development and interpretation, darkroom activities, travel, safety meetings, classroom training and/or the use of cabinet x-ray units.

EXAMPLE OF ON-THE-JOB TRAINING RECORD

DATE OF ON-THE-JOB TRAINING (mm/dd/yy)	NAME OF THE EQUIPMENT MANUFACTURER (Specify Radioactive Material Device and/or X-Ray Machine)	Printed Name of Company
		City/State
12/01/2015-01/01/16	*Amersham. INC, SPEC, etc.*	XYZ, Industires
		Austin, Texas
02/20/207-01/01/2016	*Balteau, XMAS, Sperry, etc.*	XYZ, Industires
		Austin, Texas

ON-THE-JOB TRAINING RECORD

DATE OF ON-THE-JOB TRAINING (mm/dd/yy) thru (mm/dd/yy)	**NAME OF THE EQUIPMENT MANUFACTURER** (SPECIFY RADIOACTIVE MATERIAL DEVICE AND/OR X-RAY MACHINE)	**Print Name of Company**
		City/State