



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

MEDICAL RADIOLOGIC TECHNOLOGIST CERTIFICATE CONVERSION TO MEDICAL RADIOLOGIST ASSISTANT CERTIFICATE

Medical Radiologic Technologist's Name _____
(Please print)

Medical Radiologic Technologist Certificate Number _____
(Please print)

BEFORE ME, the undersigned notary public, on this day personally appeared _____, who after being by me duly sworn, upon his oath deposed and said:

1. I hereby request that my Texas Medical Radiologic Technologist certificate, _____, be converted to a Texas Medical Radiologist Assistant certificate.
2. I understand that in order to qualify for this certificate I must:
 - a. Possess a current national certification and registration as a radiologist assistant by the American Registry of Radiologic Technologists (ARRT),
 - i. ARRT Credentials valid through date: _____
 - or**
 - b. Possess a current national certification as a radiology practitioner assistant by the Certification Board for Radiology Practitioner Assistants (CBRPA),
 - i. Current CBRPA registration number: _____
 - ii. CBRPA registration date: _____
 - or**
 - c. Be currently licensed, certified, or registered as a radiologist assistant in another state, the District of Columbia, or a territory of the United States whose requirements are more stringent than or are substantially equivalent to the requirements for Texas radiologist assistant certification.
 - i. Additional licensure information: State _____ License number _____
3. I understand that to maintain this Medical Radiologist Assistant certificate, I must file a completed registration application with the Texas Medical Board (TMB), and pay any registration fees due biennially.
4. I understand that to maintain this Medical Radiologist Assistant certificate, I must obtain and report continuing education as required under Title 22 Texas Administrative Code §194.7(1)(A).
5. I understand that I remain subject to disciplinary action under the Medical Radiologic Technologist Certification Act, TEX. OCC. CODE ANN. 601.302.
6. I understand that my existing Texas Medical Radiological Technologist certificate will be terminated upon issuance of the new Texas Medical Radiologist Assistant certificate.

Medical Radiologic Technologist's Signature _____ Date _____

SUBSCRIBED & SWORN to me by _____, before me on this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Notary Public Signature _____

Notary's Printed Name: _____
NOTARY SEAL

State of _____

My Commission Expires: _____

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