



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

MEDICAL RADIOLOGIC TECHNOLOGY REQUEST FOR CONTINUING EDUCATION EXEMPTION

Certificate Holder's Name _____
(Please print)

Certificate Number _____
(Please print)

I hereby request an exemption from the current continuing education (CE) requirement:

I am requesting this exemption under (**check one**):

- _____ 1) Catastrophic illness
○ Please attach a written statement (and additional documentation as needed) that clearly establishes the period of disability and resulting physical limitations.
- _____ 2) Military service of longer than one year's duration outside the United States
○ Please attach copy of military orders.
- _____ 3) Residence of longer than one year's duration outside the United States
○ Please attach a written statement of explanation.
- _____ 4) Good cause
○ Please attach a written statement (and additional documentation as needed) that provides evidence why you are unable to comply with the requirement for CE.

I understand that this exemption request is subject to approval.

Certificate Holder's Signature

Date

Location Address:
1801 Congress Ave, Suite 9-200
Austin, Texas 78701

Mailing Address:
P.O. Box 2029
Austin, Texas 78768-2029
www.tmb.state.tx.us

Contact Information:
Phone 512.305.7030
Registration Fax 888. 512.2581
registrations@tmb.state.tx.us