

**Form L Evaluation for MRT, LMRT, NCT, RCP and Perfusionist**  
**Professional Evaluation**  
**Texas Medical Board**

**TO BE COMPLETED BY APPLICANT:**

Complete the information in the Applicant box only. The remainder of the form should be completed and submitted by the employer as noted below. Applicant should not upload this form in the LAMAS system. NOTE: Evaluator must be currently employed at facility.

Applicant's Current Full Name: \_\_\_\_\_ Name at time of affiliation if different: \_\_\_\_\_  
Printed Printed

Applicant's Date of Birth: \_\_\_\_\_ Applicant TMB ID# \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Evaluating Hospital/Institution/Practitioner's Office \_\_\_\_\_

Address of Evaluating institution \_\_\_\_\_

Dates of employment From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_

Your position at the time of employment: \_\_\_\_\_

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business or professional associates (past, present and future) and all governmental agencies (local, state, federal, or foreign) to release to the Texas Medical Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application, necessary to determine my medical competence, professional conduct, or physical and/or mental ability to safely engage in the practice allowed under my license/certification. I further authorize the Texas Medical Board or its successors to release to the organizations, individuals, or groups listed above, any information, which is material to this application, or any subsequent licensure.

**I authorize the release of the information contained in this evaluation form to the Texas Medical Board.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER:**

This evaluation should be completed by one of the following at your facility: direct supervisor, licensed supervising practitioner, facility manager, credential specialist or HR representative. This completed evaluation should be sent directly to the Texas Medical Board offices. See below for instructions.

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant's title or position: \_\_\_\_\_

Dates of employment: Start date (mm/yy) \_\_\_\_\_ End date (mm/yy) \_\_\_\_\_

Employment status:  Full-Time  Part-time \_\_\_\_\_ Hours worked weekly

1. To your knowledge, has the applicant ever
- (a) been investigated by your facility?  Yes  No
  - (b) been disciplined by your facility?  Yes  No
  - (c) had practice related concerns?  Yes  No
  - (d) had patient safety issues?  Yes  No

**Applicant's Name** \_\_\_\_\_

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2. If you answered "yes" to any of the above questions, please explain below and provide copies of any related documentation you may have, including the names and contact information of other individuals who may have information concerning this applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluator's name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Printed

Evaluating Practitioner's License Number, Type of License, and State of Licensure (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS FOR SUBMITTING COMPLETED FORM:**

- 1) By mail - Place this form in an envelope of the hospital/institution that you represent, seal the envelope and place your signature over the outside sealed envelope flap.

**Send to:**

Texas Medical Board  
MC-240  
P.O. Box 2029  
Austin, TX 78768-2029

- 2) By fax – Evaluator must submit the form along with an official hospital/institution coversheet to 888-790-0621. Fax submitted by the applicant and/or without the appropriate coversheet cannot be accepted.

- 3) Form Ls sent through the TMB's LAMAS system cannot be accepted.