Medical Radiologic Technologist
Other License/Certificate Verification Form
Texas Medical Board

APPLICANT: Complete the information in this box. DO NOT send this form to the ARRT, ARCRT, NMTCB, or other National Credentialing Agency.

Applicant's Current Full Name: _____
Printed

Applicant's Date of Birth: _____ Applicant Social Security Number: _____

Applicant's Address: _____

Telephone: _____ E-Mail: _____

State Licensed by: _____ License Number: _____

Application for certification as a Medical Radiologic Technologist in the State of Texas requires this form to be completed by all State Boards in which I hold or have held a license. My signature below is your authorization to release all information in your files, favorable or otherwise, regarding myself.

I authorize the release of all information in your files regarding myself to the Texas Medical Board.

_____ _____
Applicant's Signature Date

Out-of-State Licensing Authority:

- After completing this form, place this form in an official envelope of the state licensing board that you represent and mail directly to the Texas Medical Board:
  Texas Medical Board
  PLCS, MC-240
  P.O. Box 2029
  Austin, TX 78768-2029
- If you have any questions regarding how to complete this form contact the Licensure Department at 512-305-7030.

State of _____ indicates that the above-named individual was issued

license/certificate number _____

Issue Date: _____ Expiration Date: _____

Type of License/Certification: _____

Current status of License/Certification is:

☐ Active ☐ Lapsed ☐ Inactive ☐ Denied* ☐ Suspended* ☐ Revoked*

1. Has this individual been disciplined in the past? * ☐ Yes ☐ No
2. Has this individual received non-disciplinary action and/or administrative action in the past? * ☐ Yes ☐ No

***Please attach a copy of the Findings of Fact and Decision and Order with this form**

License/Certification based on:

☐ Education Requirements ☐ State Examination ☐ National Examination: _____

☐ Endorsement/Reciprocity with the state of: _____ ☐ Grandfather Requirements

I certify that the above information is correct and true.

Name of Agency: _____ **Address:** _____

Printed Name: _____ **Signature:** _____

Title: _____ **Date:** _____