



For agency use
6216
\$30.00

TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

APPLICATION FOR HARDSHIP EXEMPTION

A hospital, federally qualified health center (FQHC) as defined by 42 U.S.C. Section 1396d, or a practitioner may apply to the Texas Medical Board (TMB) for an exemption from employing a medical radiologic technologist (MRT), limited medical radiologic technologist (LMRT), or non-certified technician (NCT). A practitioner is a doctor of medicine, osteopathy, podiatry, or chiropractic licensed in Texas and who prescribes radiologic procedures for other persons.

INSTRUCTIONS TO APPLICANT: Please fill out all information on this form, and mail this form along with the required supplemental documentation with the \$30.00 application fee to the address listed on this application. Once the application and accompanying documentation have been received, a licensing analyst will contact you via email related to the status of your request.

REQUIRED SUPPLEMENTAL DOCUMENTATION:

- Attach a copy of your medical license if licensed by TMB, TDLR, TBCE or if applying on behalf of a licensed Hospital.
- FQHC applicants please attach a copy of current FQHC certification.
- All persons under consideration for the Hardship Exemption will be required to undergo fingerprinting as part of the application. Instructions provided upon receipt of application.

Print Name of Applicant (Practitioner or Institution –name as imprinted on Texas license):

Type of applicant: (Circle one) Hospital Practitioner FQHC

Print Name, Email Address and Phone Number of contact person:

Physical Address where radiologic procedures are performed:

Address	City	State	Zip Code
---------	------	-------	----------

Mailing Address:

Address	City	State	Zip Code
---------	------	-------	----------

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

Mailing Address
P.O. Box 2029
Austin, Texas 78768-2029

Phone 512.305.7030
Licensure Fax 888.550.7516
www.tmb.state.tx.us

If Applicant is a Hospital or FQHC, furnish the name of supervising practitioner (name as imprinted Texas license): _____

Name of Practitioner's licensing board (TMB, TDLR, TBCE): _____

Practitioner's or Hospital's license number: _____

List the Names, Social Security Number (SSN), and Date of Birth (DOB) of all persons performing x-rays (maximum of 7 exemptions may be granted per requesting practitioner):

	Name	SSN	DOB (MM/DD/YYYY)
1			
2			
3			
4			
5			
6			
7			

Approximate number of x-rays performed per week: _____

Describe the type of x-rays performed:

Are pediatric core x-rays performed? (please circle) Yes No

If Yes, who will perform these? (Print name and degree)

IMPORTANT

Effective September 1, 2017, Senate Bill 674 amended the statutory requirements for practitioners, hospitals and FQHCs seeking a hardship exemption. If the applicant is claiming an exemption due to the inability to attract or retain a MRT, LMRT or NCT they must also be located in a county with a population of less than 50,000.

Please indicate which Hardship Exemption you are applying under and provide the required documentation outlined under the option you selected:

_____ (i) **I am unable to attract or retain an MRT, LMRT, or NCT, and my practice/hospital is located in a county with a population of less than 50,000 (must meet both).**

Required Documentation: a notarized sworn affidavit (notarized as “subscribed and sworn to” before a notary public), providing the following -

- physical address of the hospital, FQHC or practice location of the practitioner; and
- the reasons the applicant is unable attract and retain an MRT, LMRT, or NCT at a comparable salary for the area; and
- explanation of the attempts to attract and retain an MRT, LMRT, or NCT, including evidence of recruiting efforts during the 30 day period prior to application for the hardship exemption, and copies of advertisements to hire an MRT, LMRT, or NCT

_____ (ii) **Practice/Hospital is located more than 200 highway miles from the nearest school of medical radiologic technology approved in accordance with §186.45 of this title.**

Required Documentation - a notarized sworn affidavit (notarized as “subscribed and sworn to” before a notary public), describing in narrative form the following –

- the physical address of the nearest school of medical radiologic technology
- the physical address of the applicant hospital, FQHC, or primary practice location of the practitioner; and
- the actual distance in highway miles between the school and the applicant hospital, FQHC, or practitioner's primary practice.
- The applicant shall include a map of the area clearly indicating the locations of each entity.

_____ (iii) **The school(s) of medical radiologic technology approved in accordance with §186.45 of this title has a waiting list of school applicants due to a lack of faculty or space.**

Required Documentation – An official letter from the school(s) confirming –

- that admissions to the MRT, LMRT, and/or NCT program are pending because of a lack of faculty or space,
- the last date of admission, and
- the estimated timeframe in which the next class would be admitted;

_____ (iv) **Need for graduates in medical radiologic technology exceeds the number of graduates from the nearest school(s) of medical radiologic technology approved in accordance with §186.45 of this title.**

Required Documentation –

- Official letter from the school(s) providing the number applicants accepted in their MRT, LMRT and/or NCT programs for the most recent academic year and the number of graduates for that same year. Please be advised hardship requests from areas with multiple MRT, LMRT and/or NCT programs will require a letter from each school.
- A notarized sworn affidavit (notarized as “subscribed and sworn to” before a notary public) outlining how many MRTs, LMRTs and/or NCTs are currently working in the practice/hospital, how the applicant’s need exceeds the number of current graduates from all MRT, LMRT and NCT programs in the local area, and recruiting efforts to attract additional MRTs, LMRTs and/or NCTs to their practice.

_____ (v) **Emergency conditions have occurred during the 90 days prior to making application for the hardship exemption. For the purposes of this subparagraph, emergency conditions may include a disaster, epidemic, or other catastrophic event.**

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

Mailing Address
P.O. Box 2029
Austin, Texas 78768-2029

Phone 512.305.7030
Licensure Fax 888.550.7516
www.tmb.state.tx.us

Required Documentation - a sworn affidavit (notarized as “subscribed and sworn to” before a notary public) describing –

- the emergency conditions,
- the hardship(s) the emergency conditions have created and
- how long the hardship(s) is anticipated to continue.

Attestation

I, _____(practitioner, hospital, FQHC), have read and will abide by the rules and regulations relating to the Hardship Exemptions as specified in §186.40 and relating to dangerous or hazardous procedures as specified in §186.20; understand that the exemption must be reapplied for annually and the applicant must meet the then current requirements for a hardship exemption. Furthermore, the applicant agrees that a hardship exemption granted by the department does not constitute licensure, certification, registration, or authorization to perform a dangerous or hazardous radiologic procedure or mammography.

Printed name of Applicant (Practitioner, Hospital, FQHC)

Signature of Applicant (Practitioner, Hospital, FQHC)

Date

Mail completed application and fee to:

Texas Medical Board
P O Box 2029
Austin, Texas 78768-2029

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

Mailing Address
P.O. Box 2029
Austin, Texas 78768-2029

Phone 512.305.7030
Licensure Fax 888.550.7516
www.tmb.state.tx.us