



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

MEDICAL RADIOLOGIC TECHNOLOGIST REQUEST FOR VOLUNTARY CHARITY CARE STATUS

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 placed on official Voluntary Charity Care Status.
2. I certify that my practice of medical radiology does not include the provision of services for either direct or indirect compensation, which has monetary value of any kind.
3. I certify that my practice of medical radiology is limited to voluntary charity care for which I receive no direct or indirect compensation of any kind for services rendered.
4. I certify that my practice of medical radiology does not include the provision of services to members of my family.
5. I understand that in order to qualify for this status I must file a completed registration application with the Texas Medical Board (TMB) biennially.
6. I understand that in order to qualify for this status I must obtain and report continuing education as required under Title 22 Texas Administrative Code §194.11(d).
7. I understand that I must request and execute the Voluntary Charity Care affidavit with each registration.
8. I understand that as a retired Medical Radiologic Technologist under the TMB whose only practice of medical radiology is voluntary charity care as described above I shall be exempted from the registration fee. I understand that should I return to an active status, I will be required apply to the Board; submit a fee and any additional documentation required at that time.
9. I understand that I remain subject to disciplinary action under the Medical Radiologic Technologist Certification Act, TEX. OCC. CODE ANN. 601.302, if I engage in the compensated practice of medical radiology, or engage in the practice of medical radiology with the expectation of compensation. I understand that my attempts to obtain an exemption from the registration under this section by submitting false or misleading statements to the TMB shall render me subject to disciplinary action pursuant to the Medical Radiologic Technologist Certification Act, TEX. OCC. CODE ANN. 601.302(5); (9) in addition to any civil or criminal actions provided for by state or federal law.

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: _____

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