



Industrial Radiographer Certification Business Filing And Verification

RC Form 255-OS Radiographer Qualification Application OJT (years)

Use this form when documenting one year of radiographer experience. Complete ALL sections. Mail the original form and **\$110.00, non-refundable, non-transferable fee**, payable to the Texas Department of State Health Services, to the address below.

SELECT ONE: Radioactive Materials Only X-Ray Machines Only Both

SECTION I: PERSONAL DATA

Full Name: _____
Last First Middle

Date of Birth (MM/DD/YY): _____

Social Security Number: _____

Mailing Address: _____
Street City State Zip

Phone Number: _____

Email Address: _____

Mail Radiographer Card to: Residence Employer

SECTION II: AGENCY AUTHORIZED TRAINING [25 TAC §289.255 (e)(1)(A)]

Completed 40 classroom hours of training on the topics outlined in 25 TAC §289.255 (x)(1): _____
(MM/DD/YY)

This instruction was provided by:

Company Name: _____ State _____

Please provide a copy of the completed 40 classroom hours of training certificate.

SECTION III: RADIOGRAPHER EXPERIENCE [25 TAC §289.255 (e)(2)(A)(ii)(V)]

Use page two of this form to document at least one year of radiographer experience.

SECTION IV: ADDITIONAL QUALIFICATION REQUIREMENTS [25 TAC §289.255 (f)(1)]

If you are currently working for a radiography company, you **MUST** complete this section, and the RSO must sign this form.

Company Name: _____

Co. Mailing Address: _____
Street City State Zip

Co. Phone No: _____ Co. License/Registration No. _____

Email Address: _____

Completed written or oral exam given by licensee/registrant covering topics in §289.255(f)(1)(A) _____
(MM/DD/YY)

Demonstrated competence using the company's sources of radiation on _____
(MM/DD/YY)

SECTION IV: CERTIFICATION

I certify the above information is correct to the best of my knowledge.

Radiographer Applicant Signature RSO Signature

Date RSO Printed Name

Send the application with applicable fee to:
Texas Department of State Health Services
Cash Receipts Branch – MC 2003
P.O. Box 149347
Austin, Texas 78714-9347

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004).

FOR AGENCY USE ONLY

ID No.		File No.		Entity No.		Cert No.	
App No.		Total		Staff Initials			

RC FORM 255-OS - RADIOGRAPHER QUALIFICATION – OJT (YEARS)

Applicant’s Name: _____

Please document On-the-Job Training, in years (beginning on or after completion of the 40-hour safety course), showing at least one year of experience. Use additional copies of this page as necessary.

On-the-job training includes the use of sources of radiation, performance of radiation surveys and radiation safety related activities. On-the-job training does not include film development and interpretation, darkroom activities, travel, safety meetings, classroom training and/or the use of cabinet x-ray units.

EXAMPLE OF ON-THE-JOB TRAINING RECORD

DATE OF ON-THE-JOB TRAINING (MM/DD/YY) thru (MM/DD/YY)	NAME OF THE EQUIPMENT MANUFACTURER (Specify Radioactive Material Device and/or X-Ray Machine)	Printed Name of Company
		City/State
12/01/15-01/01/16	QSA, INC, SPEC, etc.	XYZ Industries Austin, Texas
02/20/07-12/01/15	Balteau, XMAS, Sperry, Etc.	UVW Industries Austin, Texas

ON-THE-JOB TRAINING RECORD

DATE OF ON-THE-JOB TRAINING (MM/DD/YY) thru (MM/DD/YY)	NAME OF THE EQUIPMENT MANUFACTURER (Specify Radioactive Material Device and/or X-Ray Machine)	Printed Name of Company
		City/State