

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. If prepared by the trainee, give a copy to your Radiation Safety Officer (RSO).

**SELECT ONE**: Caradioactive Materials Only CARay Machines Only Both

# SECTION I: PERSONAL DATA

Full Name:					
Las	t	First	Mid	ldle	
Date of Birth (MM/DD/YY):					
Social Security N	umber:				
Mailing Address:					
Phone Number:	Street	City	State	Zip	
Email Address:					
Mail Radiographer Card to: C Residence C Employer					

## SECTION II: ON-THE-JOB TRAINING (OJT) [25 TAC §289.255 (e)(2)(A)(ii)]

Use page two of this form to document at least 200 hours for radioactive materials and/or 120 hours for x-ray machines beginning with the OJT start date listed on your trainee card.

If the applicant has at least one year of radiography experience from completion date of the 40-hour safety course, submit RC Form 255-OS.

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

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

Company Name	:			
Co. Mailing Address:				
	Street	City	State	Zip
Co. Phone No:		gistration N	lo	
Email Address:				
•	en or oral exam give in §289.255(f)(1)(A)	n by licensee/re	gistrant	
				(MM/DD/YY)
Demonstrated c radiation on	ompetence using the	company's sour	ces of	
				(MM/DD/YY)
SECTION IV: CE	<b>RTIFICATION</b>			
I certify the abov	e information is corre	ect to the best o	f my knowle	edge.
Radiographer Ap	oplicant Signature	RSO Signature		
Date		RSO Printed Na	ame	
	Send the application			:
	Texas Departmen	t of State Health	ו 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 <a href="http://www.dshs.texas.gov">http://www.dshs.texas.gov</a> 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-R - RADIOGRAPHER QUALIFICATION – OJT (HOURS)**

Applicant's Name:

Please document (in hours) <u>each day</u> of OJT separately (beginning with the OJT start date listed on your trainee card). 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.

DATE OF ON-THE-JOB TRAINING (MM/DD/YY)	NUMBER OF HOURS PER DAY	NAME OF THE EQUIPMENT MANUFACTURER (Specify Radioactive Material Device and/or X-Ray Machine)	Printed Name of Trainer/Instructor	
			Signature of Trainer/Instructor	
01/01/16	8	QSA, INC, SPEC, etc.	Pat Riley	
			(Pat Riley's Signature)	
01/02/16	6	QSA, INC, SPEC, etc.	Pat Riley	
	2	Balteau, XMAS, Sperry, Etc.	(Pat Riley's Signature)	

### EXAMPLE OF ON-THE-JOB TRAINING RECORD

### **ON-THE-JOB TRAINING RECORD**

DATE OF ON-THE- JOB TRAINING (MM/DD/YY)	NUMBER OF HOURS PER DAY	NAME OF THE EQUIPMENT MANUFACTURER (Specify Radioactive Material Device and/or X-Ray Machine)	Printed Name of Trainer/Instructor Signature of Trainer/Instructor			
			i rainer/instructor			