Industrial Radiographer Certification
Radiation Section

TEXAS Health and Human Services
Texas Department of State Health Services

RC Form 255-RC Radiographer Reciprocity Qualification Application

Complete ALL sections. Email the completed application to IndRadCertification@dshs.texas.gov.

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: _____

SECTION II: OUT-OF-STATE CARD CERTIFICATION

Attach a copy of your current ID.

State of Issue _____ Expiration Date _____ (MM/DD/YY) ID# _____

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

SELECT ONE (IF APPLICABLE): ❒ RAM Trainer ❒ X-Ray Trainer ❒ BOTH Trainer

SECTION III: RADIOGRAPHER COMPANY INFORMATION

If you are currently working for a radiography company, you **MUST** complete this section.

Company Name: _____

Co. Mailing Address: _____

Street City State Zip

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

Email Address: _____

SECTION IV: CERTIFICATION

BOTH you and the Radiation Safety (RSO) must sign this form.

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

_____

Radiographer Applicant Signature RSO Signature

_____

Date RSO Printed Name

Send this application to: IndRadCertification@dshs.texas.gov

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.	
Staff Initials	