



# TEXAS BOARD OF CHIROPRACTIC EXAMINERS

## Radiological Technologist Application

Texas Board of Chiropractic Examiners  
333 Guadalupe Street  
Suite 3-825  
Austin, TX 78701-3942

Phone:(512)305-6702 Fax: (512) 305-6705

**\$ 35.00**  
Application fee

**PRINT IN BLACK INK OR TYPE.** Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.**

**Only money order or cashier's check made payable to the Texas Board of Chiropractic Examiners will be accepted.**

\_\_\_\_\_  
First Middle Last Suffix

\_\_\_\_\_  
Date of Birth Social Security Number Gender Drivers License Number State

\_\_\_\_\_  
Radiology School Graduated from Date of Graduation

Yes / No \_\_\_\_\_  
Non Certified Technician Certificate Hours Hardship Exemption Date of Hardship

### Home Address

\_\_\_\_\_  
Street City State Zip Zip X

\_\_\_\_\_  
E-Mail Address Phone Fax

### D.C. Information

\_\_\_\_\_  
Name of Supervising Doctor of Chiropractic **D.C. License Number**

\_\_\_\_\_  
Street City State Zip Zip X

\_\_\_\_\_  
E-Mail Address Phone Fax

### Facility Information

\_\_\_\_\_  
Name of Facility **Facility Registration Number**

\_\_\_\_\_  
Street City State Zip Zip X

\_\_\_\_\_  
E-Mail Address Phone Fax

- 1) Submit a copy of your certificate of graduation.
- 2) Submit a copy of either your current NCT or your Hardship Exemption.

**ALL QUESTIONS ON THIS FORM (FRONT AND BACK) MUST BE ANSWERED. FAILURE TO RESPOND TO ALL QUESTIONS WILL RESULT IN A DELAY OF THE APPLICATION.**

# RAD-TECH QUESTIONNAIRE

**EACH RADIOLOGICAL TECHNOLOGIST MUST FILL OUT THE QUESTIONNAIRE BELOW. FAILURE TO ANSWER ALL QUESTIONS WILL DISQUALIFY YOUR APPLICATION.**

1. Have you been the subject of a disciplinary action by the Texas Board of Chiropractic Examiners or any other chiropractic licensing agency and/or disciplinary authority of another state since last renewal? (Examples: revocation or suspension of license, administrative penalty, letter of reprimand)

\_\_\_\_\_ \*YES \_\_\_\_\_ NO

2. Have you been convicted of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense?

\_\_\_\_\_ \*\*YES \_\_\_\_\_ NO

3. Have you been subject to a deferred adjudication for a conviction of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense?

\_\_\_\_\_ \*\*YES \_\_\_\_\_ NO

\* If you answered YES to Question 1, include the name of the Board, licensing or disciplinary authority, the date of the order, and, if applicable, the date of termination of the condition and/or problem.

\*\*If you answered YES to Questions 2 or 3, provide details on each conviction including offense, date of conviction, punishment, whether you were incarcerated, and if you are currently on probation or community supervision. To expedite your application, you should notify the Board immediately of any conviction so that they may send you additional materials required for processing your application.

My name is \_\_\_\_\_  
(First) (Middle) (Last)

My date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(Address), (City), (State), (Zip) and (Country)

I declare under penalty of perjury that the foregoing is true and correct. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.

Further, I understand it is a violation of the Texas Chiropractic Act, section 201.5025 and the Texas Penal Code, section 37.10, to submit a false statement to the TBCE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_