



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157

www.tdlr.texas.gov



PODIATRIC MEDICAL ASSISTANT RADIOLOGICAL TECHNICIAN INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. **NAME** – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix)
Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **HOME ADDRESS** – Provide your current home address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
3. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
4. **SOCIAL SECURITY NUMBER** – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
5. **DATE OF BIRTH** – Provide your birth date.
6. **EMAIL ADDRESS** – Provide your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
7. **SUPERVISING PODIATRIC PHYSICIANS** – List all supervising podiatric physicians and their locations. Attach additional pages if needed.
8. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before you submit your application and pay non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee.
9. **ACKNOWLEDGMENT** – Carefully read the statement before dating and signing your application.

REQUIREMENTS FOR PODIATRIC MEDICAL ASSISTANT RADIOLOGICAL TECHNICIAN

- Complete form and return to Texas Department of Licensing and Regulation
- Registration fee of \$50.00 (Application will be returned if fee not included)
- Proof of successful completion of training (copy of certificate) must accompany this form in order to be processed. Mandatory training is set out 16 Texas Administrative Code, §130.53 (relating to Alternate Training Requirements for “Podiatric Medical Assistants”).

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#). You may request assistance or submit required attachments via [TDLR webform](#). You may contact Customer Service Representatives by calling (800) 803-9202 [in state only], or (512) 463-6599; Relay Texas - TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [Public Information Act Policy](#).



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PODIATRIC MEDICAL ASSISTANT RADIOLOGICAL TECHNICIAN REGISTRATION

REGISTRATION FEE: \$50.00 (FEE IS NON-REFUNDABLE)

This completed form must be accompanied by all required documents and the registration fee.

Proof of successful completion of the Podiatric Medical Assistant training (copy of certificate) must accompany this form.

1. Name:

Last First Middle Suffix

2. Home Address:

Number, Street Name/Apartment Number City State Zip Code + 4

3. Phone Number:

(Area Code) Phone Number

4. Social Security Number:

See Instruction Sheet for Disclosure Information

5. Date of Birth:

Month/Day/Year

6. Email Address:

(Ex: johndoe@gmail.com) See instruction sheet for disclosure information.

7. SUPERVISING PODIATRIC PHYSICIANS

Podiatric Medical Assistant must perform radiological procedures only under the supervision of a podiatric physician physically present on the premises. List all supervising podiatric physicians and their location. Attach additional pages if needed.

Physicians Name:

Last Name First Name Middle Name

DPM License #:

Name of Facility/Location:

Phone Number:

(Area Code) Phone Number

Physical Address:

Number, Street Name/Suite City State Zip Code+4

Date of Employment:

Month/Day/Year

Physicians Name:

Last Name First Name Middle Name

DPM License #:

Name of Facility/Location:

Phone Number:

(Area Code) Phone Number

Physical Address:

Number, Street Name/Suite City State Zip Code+4

Date of Employment:

Month/Day/Year

Physicians Name:

Last Name First Name Middle Name

DPM License #:

Name of Facility/Location:

Phone Number:

(Area Code) Phone Number

Physical Address:

Number, Street Name/Suite City State Zip Code+4

Date of Employment:

Month/Day/Year

Physicians Name: <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> Last Name First Name Middle Name </div>	DPM License #: <div style="border-top: 1px solid black; margin-top: 5px;"></div>
Name of Facility/Location: <div style="border-top: 1px solid black; margin-top: 5px;"></div>	Phone Number: <div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">(Area Code) Phone Number</div>
Physical Address: <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> Number, Street Name/Suite City State Zip Code+4 </div>	Date of Employment: <div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">Month/Day/Year</div>
<p>8. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete and attach a Criminal History Questionnaire for each offense. <u>See the instruction sheet for more information</u></p>	
9. ACKNOWLEDGMENT	
<p>By signing and submitting this registration, I certify that the information on this and any attached form is true and correct. I understand that providing false information on this application may result in revocation and/or denial of the registration I am requesting and the imposition of administrative penalties and sanctions.</p>	
<div style="border-top: 1px solid black; margin-top: 5px; width: 80%; margin: 0 auto;"></div> Signature of Applicant	<div style="border-top: 1px solid black; margin-top: 5px; width: 80%; margin: 0 auto;"></div> Date Signed
REQUIREMENTS FOR PODIATRIC MEDICAL ASSISTANT RADIOLOGICAL TECHNICIAN	
<input type="checkbox"/> Complete form and return to Texas Department of Licensing and Regulation <input type="checkbox"/> Registration fee of \$50.00 (Application will be returned if fee not included) <input type="checkbox"/> Proof of successful completion of training (copy of certificate) must accompany this form in order to be processed. Mandatory training is set out 16 Texas Administrative Code, §130.53 (relating to Alternate Training Requirements for "Podiatric Medical Assistants").	