

LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

REQUEST FOR REVISION OF CONTINUING EDUCATION REQUIREMENTS DUE TO ILLNESS OR OTHER PERSONAL HARDSHIP

NAME:

ADDRESS:

Number	City	State	Zip
--------	------	-------	-----

SS#: _____

LICENSE #: _____

EXPLANATION: (attach additional pages if necessary)

This request must be submitted on or prior to May 5, 2012 in order to receive consideration by the Board. Please provide a complete explanation. Include any documentation related to your request that could help to support or verify your personal hardship/illness claim.

Signed:

Full name

Date: _____