

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, 2019 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

Print: _____
 Full name

Date: _____

**Mail completed form to:
LSRTBE
3108 Cleary Avenue, Suite 207
Metairie, LA 70002**