

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 RECEIVED IN THE BOARD OFFICE on or prior to May 5, 2021 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**