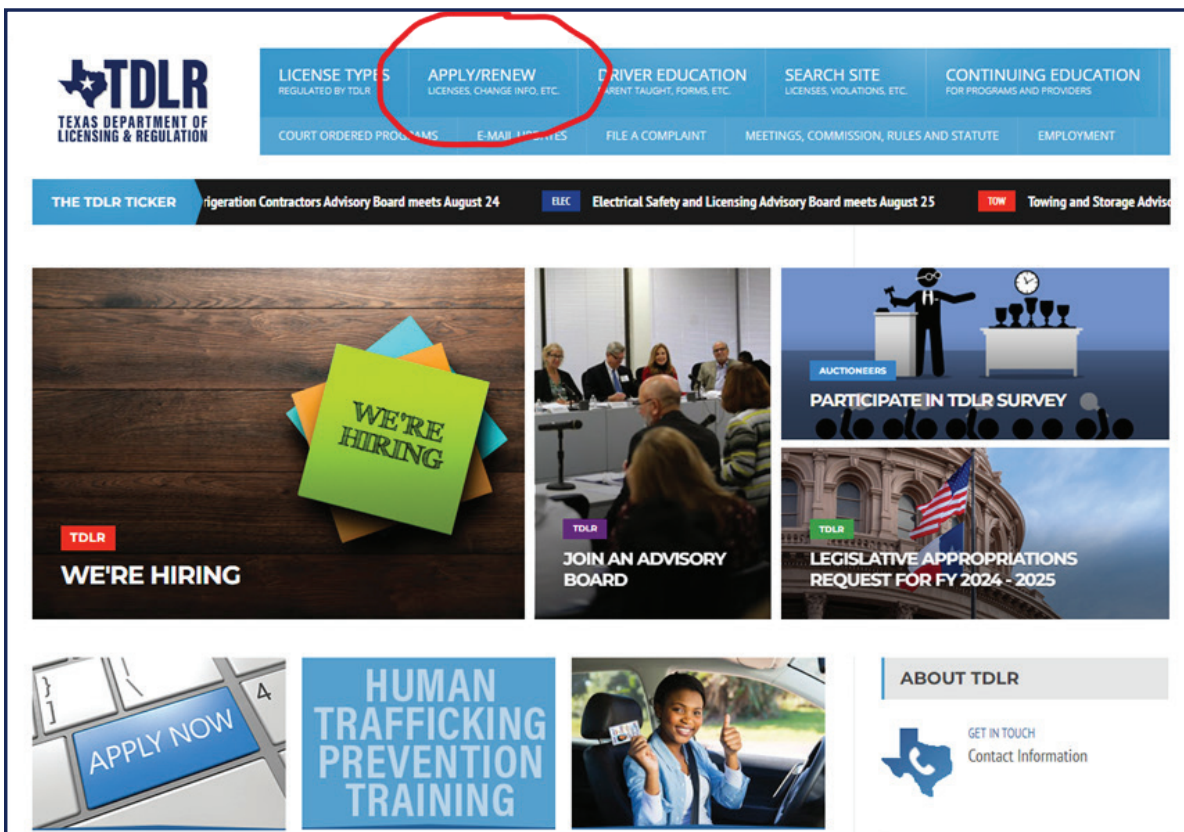


TABLE OF CONTENTS

How to Register as a New User for the New System (Step-by-Step).....	1
How to Renew as a Podiatric Medical Radiological Technician	9
How to add a DPM to Your License	20

Below is a step-by-step screen shot of the entire process:

Step 1: Go to our website: Click on Apply/Renew.



Step 2: Click on Podiatry on the list.

Apply or Renew a License Online

- AC and Refrigeration
- Athletic Trainers
- Auctioneers
- Barbering
- Behavior Analysts
- Code Enforcement Officers
- Cosmetologists
- Dietitians
- Dyslexia Therapists and Practitioners
- Electricians
- Hearing Instrument Fitters and Dispensers
- Laser Hair Removal
- Massage Therapy
- Midwives (*renewal only*)
- Mold Assessors and Remediators
- Motor Fuel Metering and Quality
- Offender Education Programs
- Orthotists and Prosthetists
- **Podiatry**
- Property Tax Professionals
- Sanitarians

INSIDE TDLR

- AGENCY
TDLR's Administrative Rules - 16 TAC, Chapter 55
- AGENCY
TDLR's Procedural Rules - 16 TAC, Chapter 60
- AGENCY
TDLR's Enabling Statute - Occupations Code, Chapter 51

Step 3: Click on the Register as a New User link. Set up a New User Account.

TDLR
TEXAS DEPARTMENT OF
LICENSING & REGULATION

Texas Department of Licensing and Regulation

Online Licensing Services

[Contact Customer Service](#)

Renew Your License
Please [login](#) with your existing user ID and password, or [register as a new user](#).

Apply for a New License
Please [login](#) with your existing user ID and password, or [register as a new user](#).

Search the License Database
Begin your [license search](#) here to verify that a person or business has a current license.


Change Your Address
Please [login](#) with your existing user ID and password, or [register as a new user](#).

Pay Fees
Please [login](#) with your existing user ID and password, or [register as a new user](#).

Login or Register
Username:
Password:
[Register as a New User](#)
[Forgot User ID?](#)
[Forgot Password](#)
[Sign In](#)



Step 4: Fill out your information.



TEXAS DEPARTMENT OF
LICENSING & REGULATION

TEXAS DEPARTMENT OF LICENSING & REGULATION

[Return to the Main Menu](#)

New User Registration

All items marked with a (*) are required. You will only complete this process once. After you register, you will login with this account. Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

Account User Contact Information

*

First Name:

Second Name:

*

Last Name:

Account Login

*

Email: (e.g. name@domain.com)

*

Confirm Email:

Use email address as user ID:☐

*

User ID:

Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

*

Secret Question:

*

Secret Answer:

Third Party Payer


Accept payment requests from third parties? [\(what's this?\)](#) ☐

Security Measures (This helps to prevent automated registrations.)

*

I'm not a robot:


☐ I'm not a robot



reCAPTCHA
Privacy • Terms

Next

Cancel



TEXAS DEPARTMENT OF
LICENSING & REGULATION

TEXAS DEPARTMENT OF LICENSING & REGULATION

[Return to the Main Menu](#)

New User Registration

All items marked with a (*) are required. You will only complete this process once. After you register, you will login with this account. Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

Account User Contact Information

*

First Name:

Second Name:

*

Last Name:

Account Login

*

Email: (e.g. name@domain.com)

*

Confirm Email:

Use email address as user ID:☒

*

User ID:

Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

*

Secret Question:

*

Secret Answer:

Third Party Payer


Accept payment requests from third parties? [\(what's this?\)](#) ☒

Security Measures (This helps to prevent automated registrations.)

*

I'm not a robot:

☒ I'm not a robot




reCAPTCHA
Privacy • Terms

Next

Cancel



Step 5: Confirm and edit your information, if needed, before hitting "Save."


TEXAS DEPARTMENT OF LICENSING & REGULATION

[Return to the Main Menu](#)

Preview Registration
Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Steve
Second Name:	
Last Name:	Testerfour
Email:	versatest3@yahoo.com
Userid:	versatest3@yahoo.com
Secret Question:	Where were you born?
Secret Answer:	Jupiter
Third Party Payer:	Yes

[Save](#) [Edit](#) [Cancel](#)

TEXAS DEPARTMENT OF LICENSING & REGULATION

[Return to the Main Menu](#)


Preview Registration
Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Steve
Second Name:	Uecker
Last Name:	Tester
Email:	chocolatethundear@yahoo.com
Userid:	chocolatethundear@yahoo.com
Secret Question:	What street did you grow up on?
Secret Answer:	Sesame
Third Party Payer:	Yes

[Save](#) [Edit](#) [Cancel](#)

[Department of Licensing and Regulation](#)
The Texas Department of Licensing and Regulation certifies that it maintains the information for the license verification function of this website, performs daily updates to the information and considers the website to be a secure, primary source for license verification.
Last Updated: Jan 01, 2017

Step 6: You will receive notification of your temporary password for the account. This can be found at the email address you supplied.

TEXAS DEPARTMENT OF LICENSING & REGULATION

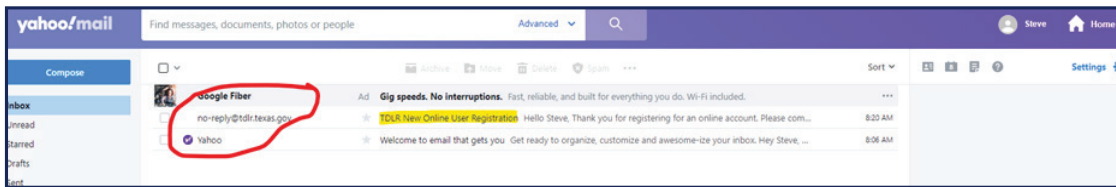
[Return to the Main Menu](#)

User Registration - Temporary Password Issued
A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions.

[Return](#)

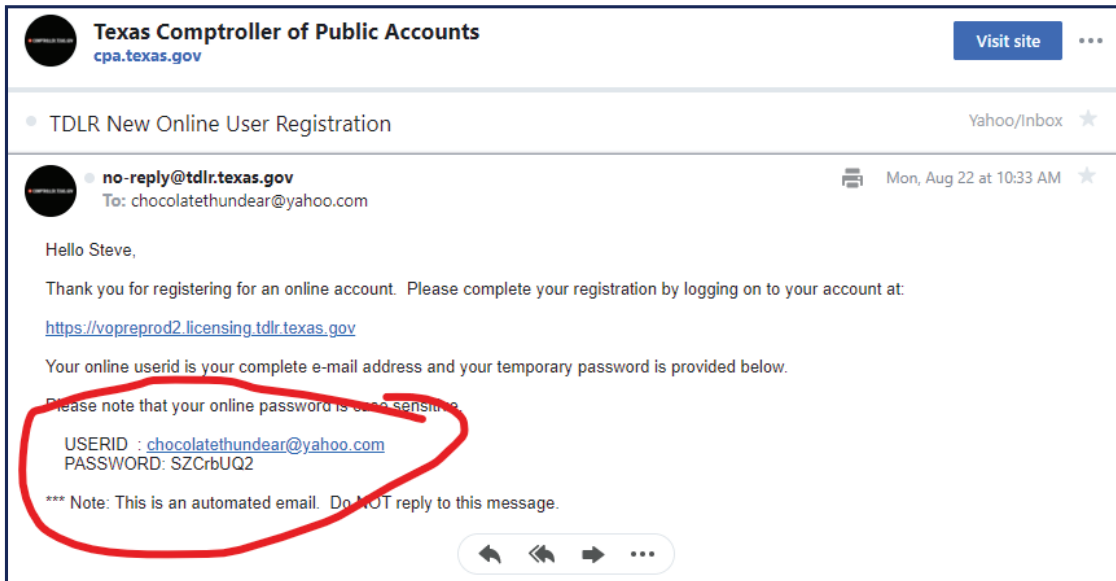


Step 7: The email will be from TDLR.



Step 8: You are issued a password. Now you have a User Account. Open the email. If it is not there, check your spam folder.

Step 9: Copy the temporary password.



Step 10: Enter your New User Account ID and paste the temporary password.

A screenshot of the 'Online Licensing Services' website. The page features several service tiles: 'Renew Your License', 'Apply for a New License', 'Search the License Database', 'Change Your Address', 'Pay Fees', and 'Login or Register'. The 'Login or Register' tile is circled in red and contains a login form with fields for 'Username' and 'Password', a 'Sign In' button, and links for 'Register as a New User', 'Forgot User ID?', and 'Forgot Password'.

Step 11: Paste the temporary password again and create your own password and confirm it.

TDLR
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester, Steve Uecker** [Logoff](#)

Update Default Registration Information

Enter your new password and press "Save".
Your new password must contain the following:

- a minimum of (8) characters
- must not be the same as your user id
- must not be a variation of your user id
- must contain at least (1) numeric character
- must contain at least (1) special character

• Old or Temporary Password:

• New Password:

• Confirm Password:

[Save](#)

Step 12: Congrats! You should not have to do that part again for a long time. You can now link your User Account to your License. Click "Add Licenses to Registration."

TDLR
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester2, Steve** [Update Profile](#) | [Logoff](#)

Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

License Information
No License Information Available

☒ **Apply for a New License**

What are you applying for?

<Choose Program>

<Choose Application> [Select](#)

☒ **Additional Activities**

[Add Licenses To Registration](#) [Select](#)

Step 13: You will now add your License to this User Account. You are a Licensee. Click "Yes."

TDLR
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester, Steve Uecker** [Update Profile](#) | [Logoff](#)

Add Licenses To Registration

Step1: Have You Done Business with Us? Step2: Provide Identifying Information

Welcome to OnlineQuickStart
By answering a few simple questions we'll help you to get started

Step 1

Select "Yes" for:

- Current license or permit holder adding a license or permit to their account.
- Late renewal.

Select "No" for:

- Password change.

☒ Yes [How do I know?](#)

☐ No

[Next](#) [Cancel](#)



Step 14: Choose your Board and License type:

- Podiatric Medical Examiners Advisory Board and Podiatric Medical Radiological Technician.

TDLR TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester, Steve**
[Update Profile](#) | [Logoff](#)

Add Licenses To Registration - Select License Type

Step1: Have You Done Business with Us? Step2: Provide Identifying Information

Welcome to **OnlineQuickStart**
Choose the license you hold.

Step 1
Which board/program issues your license?

Board/Program: [How do I know?](#)

License Type: [How do I know?](#)

[Next](#) [Cancel](#)

Step 15: Enter your Name, SSN, and DOB.

TDLR TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester, Steve**
[Update Profile](#) | [Logoff](#)

Add Licenses To Registration - Validation

Step1: Have You Done Business with Us? Step2: Provide Identifying Information

Help us to find your records

Step 2
Please provide your credentials

Required Information

License Type: Podiatric Medical Radiological Technician License

Last Name:

SSN: All nine (9) digits of SSN, no hyphens, no spaces

SSN (confirm): All nine (9) digits of SSN, no hyphens, no spaces

Date Of Birth: (mm/dd/yyyy)

Security Measures (This helps to prevent automated registrations.)

reCAPTCHA: ☐ I'm not a robot  [Privacy](#) - [Terms](#)

[Next](#) [Cancel](#)



Step 16: Then the system will find your License. You confirm that it's yours.



TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as: **Tester, Steve**
[Update Profile](#) | [Logout](#)

Add Licenses To Registration - Preview

Step1: Have You Done Business with Us?

Step2: Provide Identifying Information

Good News! We have located your information

Step 3

Please confirm your license credentials. If your license is available for renewal, address change, or billing fee, your license will be listed under these options on the Quick Start Menu.

Indiv / Org Number:11911656

Name:

License Type	License Number
Podiatric Medical Radiological Technician License	<div></div>

Select One:

☒ I confirm this is my information

☐ No this is not my License information

Next

Cancel



How to Renew your Podiatric Medical Radiological Technician Registration:

Step 1: Now your User Account and License are linked. It will now find all your Licenses with us and prompt you to renew. Select “Renew Podiatric Rad Tech.”

TDLR TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as Tester, Steve
Update Profile | Logoff

Quick Start Menu
To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

It is time to Renew!

Podiatric Medical Radiological Tech [Redacted] Renew Podiatric Medical Rad Tech **Select**

License Information Show Details
Name: [Redacted]
License Number: [Redacted]
License Type: Podiatric Medical Radiological Tech

License Information Show Details
Name: [Redacted]
License Number: [Redacted]

Step 2: Introduction to the Renewal Rad Tech page.
Each requirement is listed on the left, just click to get to the next screen.

TDLR TEXAS DEPARTMENT OF LICENSING & REGULATION

Podiatric Medical Radiological Tech 028-22 Logged in as Tester, Steve
Update Profile | Logoff

Renew Podiatric Medical Rad Tech - Introduction
Renew podiatric medical radiological technician license.
Press "Next" to continue.
Press "Cancel" to cancel this application and return to the main menu.

PLEASE NOTE: To avoid delays in processing your application, you must submit **all** required documents while you are logged in during this session.

Follow the instructions on each screen to complete your application. Your information will not be saved until you complete the application and submit your information.

Next **Cancel**

Step 3: If you are active in the service or have a spouse who is, read the red instructions for a renewal application. If not, leave it blank.

TDLR TEXAS DEPARTMENT OF LICENSING & REGULATION

Podiatric Medical Radiological Tech 028-22 Logged in as Tester, Steve
Update Profile | Logoff

Renew Podiatric Medical Rad Tech - Select Attributes
Listed below are the license attributes you may add or delete.
Please choose license attribute(s) that apply to you now, then press "Next" to continue.
Press "Previous" to return to the previous section.
Press "Cancel" to cancel this application and return to the main menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

Initial Application: Military Status: Check a box if a military attribute applies to you. Download and submit [form MIL001](#) with your initial license application. Upon verification, your initial fee may be waived.


Renewal Application: Military Status: Check a military attribute box only if your license expired while on active duty. Then download and submit [form MIL002](#) with your renewal application. Upon verification, your renewal fee may be waived.

Attribute Type:	Military Status	Request To Add
Attributes:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Previous **Next** **Cancel**



Step 4: Verify your information.



TEXAS DEPARTMENT OF
LICENSING & REGULATION

Podiatric Medical Radiological Technologist [REDACTED]

TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester, Steve**
[Update Profile](#) | [Logoff](#)

Introduction

Select Attributes

Name and Personal Details

Contact Information

Renewal Question

Human Trafficking Awareness

Attachments

Application Summary

Renew Podiatric Medical Rad Tech - Name and Personal Details

You must be at least 18 years old to obtain a license.
Enter your personal details and press "Next" to continue.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

Title:

First Name:

Second Name:

Last Name:

Suffix:

Social Security Number:

Birthdate:

Gender:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] (mm/dd/yyyy)

[REDACTED]

Previous

Next

Cancel



**Step 5: Check all the information that has been uploaded.
Enter your Primary DPM contact, and Secondary if applicable.
You will next connect your License to the DPM office you work at.**

Update Profile | Logout

Introduction

Select Attributes

Name and Personal Details

Contact Information

Renewal Question

Human Trafficking Awareness

Attachments

Application Summary

Renew Podiatric Medical Rad Tech - Contact Information

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Delete Button is available. Press "Delete" to delete the address.

If Copy Button is available. Press "Copy" to copy a previously entered address.

Press "Zip Lookup" after entering the zip code to populate the U.S. city, state and county.

Select an address type and press "Add" to add a new address.

Mailing Address

Copy From: Copy

Street Number: 920

• Street Name: Colorado St

• Zip Code: 78701-2332 Zip Lookup

• City: AUSTIN

• State: Texas

• Country: United States

• Phone Number: 512-663-8019 999-999-9999

• E-mail: Steve.uecker@tdlr.texas.gov

Office Location

Copy From: Copy

Street Number: 920

• Street Name: Colorado St

• Zip Code: 78701 Zip Lookup

• City: Austin

• State: Texas

• Country: United States

• Phone Number: 512-663-8019 999-999-9999

• Primary DPM: Dr. X

• Secondary DPM: Dr. Y

• Business Name: 1,2,-3 ? Feet

Home Address

Delete

Copy From: Copy

Street Number: 1100

• Street Name: South Congress

• Zip Code: 78701 Zip Lookup

• City: Austin

• State: Texas

• Country: United States

Add Another Contact

Contact Type: Add

Previous
Next
Cancel



Step 6: If you had a criminal conviction or deferred adjudication in the last year, you will have to answer “yes” and fill out a form.

TDLR
TEXAS DEPARTMENT OF LICENSING & REGULATION

Podiatric Medical Radiological Tech [redacted] Logged in as **Tester, Steve**
Update Profile | Logoff

Renew Podiatric Medical Rad Tech - Renewal Question

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Renewal Question

Please provide a response to the following question.

Since your most recent license was issued or renewed, have you been convicted of, or placed on deferred adjudication for any felony or misdemeanor other than a minor traffic violation?

☒ No ☐ Yes

If Yes, complete and submit the [Criminal History Questionnaire \(PDF\)](#) using the Attachments screen.

Previous Next Cancel

Step 7: Confirm that you have taken the Human Trafficking Prevention Training. If you have not, use the **highlighted link to find a course. They can be taken online and there are many free ones.**

TDLR
TEXAS DEPARTMENT OF LICENSING & REGULATION

Podiatric Medical Radiological Tech [redacted] Logged in as **Tester, Steve**
Update Profile | Logoff

Renew Podiatric Medical Rad Tech - Human Trafficking Awareness

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Human Trafficking Training

By law you are required to complete a Human Trafficking Prevention Training course approved by HHSC for licenses renewing on or after September 1, 2020. You must complete your course before you can submit your renewal application. Once you complete the course, you can log back in and continue with the renewal application.

At least one Human Trafficking Prevention Training course is offered for free. Go to the [TDLR Human Trafficking Prevention Training for Health Care Practitioners](#) page, where you can find more information and a link to the training course.

*Please note that you may be asked to provide proof of completing an approved course and should retain your course completion documentation.


Have you completed the required Human Trafficking Prevention Training Course?

☒ Yes ☐ No

Previous Next Cancel



Step 8: If you have a update to your criminal record or any other forms to upload, you can do that on this page. Hit “Choose File” and the file will appear. To finish uploading the file you want, hit “Attach.”



TEXAS DEPARTMENT OF
LICENSING & REGULATION

Podiatric Medical Radiological Tech 028-22

TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as Tester, Steve

Update Profile | Logoff

Introduction

Select Attributes

Name and Personal Details

Contact Information

Renewal Question

Human Trafficking Awareness

Attachments

Application Summary

Renew Podiatric Medical Rad Tech - Attachments

PLEASE NOTE: to avoid delays in processing your application, you must submit **all** required documents while you are logged in during this session.

Locate a file with the "Choose File" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

File Name:

Choose File

No file chosen

Notes:

To upload a document, use the "Choose File" button to locate the document on your computer. Once you find the document(s) you want to add, press "Attach" for each one.

For applications requiring an official transcript from your university or college, please use cs.transcript@tdlr.texas.gov when ordering from your university's transcript ordering service provider.

Press "Next" when you have no more documents to attach.

Attach

Previous

Next

Cancel



Step 9: Review your information, edit anything that is incorrect, and hit Submit.

Introduction

Select Attributes

Name and Personal Details

Contact Information

Renewal Question

Human Trafficking Awareness

Attachments

Application Summary

Renew Podiatric Medical Rad Tech - Application Summary

Review the data and press "Submit" to submit this application.
Press "Previous" to return to the previous section.
Press "Cancel" to cancel this application and return to the main menu.

Application

License Type: Podiatric Medical Radiological Tech
Application Date: 09/21/2022

Personal Details

Full Name: [REDACTED]
Social Security Number: [REDACTED]
Birthdate: [REDACTED] Gender: Unknown

General Addresses

Mailing Address: 920 Colorado St
AUSTIN, Texas
78701-2332
US
Phone Number: 512-663-8019
E-mail: Steve.uecker@tdlr.texas.gov
Office Location: 920 Colorado St
AUSTIN, Texas
78701-2332
US
Phone Number: 512-663-8019
Primary DPM: Dr. X
Secondary DPM: Dr. Y
Name: 1,2,-3 ? Feet
Home Address: 1100 S Congress
AUSTIN, Texas
78701
US

Renewal Question

Since your most recent license was issued or renewed, have you been convicted of, or placed on deferred adjudication for any felony or misdemeanor other than a minor traffic violation?
No

Human Trafficking Training

Have you completed the required Human Trafficking Prevention Training Course?
Yes


Previous

Submit

Cancel



Step 10: Attest that everything is correct and true.



TEXAS DEPARTMENT OF LICENSING & REGULATION

Podiatric Medical Radiological Technician 028-22

Logged in as Tester, Steve

[Update Profile](#) | [Logout](#)

Introduction

Select Attributes

Name and Personal Details

Contact Information

Renewal Question

Human Trafficking Awareness

Attachments

Application Summary

Renew Podiatric Medical Rad Tech - Attestation

Press "Previous" to return to the previous section.
Press "Submit" to continue.
Press "Cancel" to cancel this application and return to the main menu.

All documents must be attached during this session to avoid delays. Press "Previous" to add documents.

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.


☒ Yes
☐ No

Previous

Submit

Cancel

Step 11: Your fee will be displayed (\$25.00) You can pay now or later, but we recommend paying now.



TEXAS DEPARTMENT OF LICENSING & REGULATION

Podiatric Medical Radiological Technician 028-22

Logged in as Tester, Steve

[Update Profile](#) | [Logout](#)

Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.
You are required to pay the amount below for your application to be processed.
Press "Pay Now" to proceed to the fee payment page.
Press "Pay Later" to return to the main menu. Select "Pay for Online Applications" from the main menu when you are ready to pay.


Fees

Podiatric Medical Radiological Technician Renewal Fee:	\$25.00
Total Amount Due:	\$25.00


Pay Now

Pay Later

View PDF Summary Report



Step 12: Click Next.



TEXAS DEPARTMENT OF LICENSING & REGULATION

Podiatric Medical Radiological Technician 028-22

Logged in as Tester, Steve

[Update Profile](#) | [Logout](#)

Online Application Payment

Select the applications you wish to pay for and press "Next" to continue

Press "Main Menu" to return to the main menu

Application Number	Description	License Number	License Type	Applicant Name	Fee
451	Renew Podiatric Medical Rad Tech	028-22	Podiatric Medical Radiological Technician License	Tester, Steve	\$25.00 <input checked="" type="checkbox"/>

Payment Method


☒ Credit Card
☐ Electronic Check

Next

Show Fee Details

Main Menu





TEXAS DEPARTMENT OF LICENSING & REGULATION

Podiatric Medical Radiological Tech 028-22

Logged in as **Tester, Steve**

[Update Profile](#) | [Logout](#)

Confirm Payment Details

If more than one payment method is listed, first select payment method and then press "Next" to pay for these applications.

Press "Cancel" if you do not wish to continue with the payment.

Application Number	Description	License Number	License Type	Applicant Name	Fee
451	Renew Podiatric Medical Rad Tech		Podiatric Medical Radiological Technician License		\$25.00
Total					\$25.00


Payment Method:

Credit Card

Next

Cancel

Step 13: Enter your credit card information.



TEXAS DEPARTMENT OF LICENSING & REGULATION

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Payment

Payment Type

Credit/Debit Card

Customer Information

Country *

United States

First Name *

Last Name *

Address *

Address 2

City *

State *

ZIP/Postal Code *

Transaction Summary


TDLR Health Professional	\$25.00
Texas.gov Price	\$25.00

Need Help?

Please complete the Customer Information Section



Step 14: Enter your credit card number.

TEXAS DEPARTMENT OF LICENSING & REGULATION

Credit/Debit Card

Customer Information

Address

920
Colorado St
AUSTIN, TX 78701-2332

Country

United States

Phone Number

Email Address

@tdlr.texas.gov

Edit

Payment Information

Credit Card Number *

Credit Card Type

MasterCard

VISA

DISCOVER

AMERICAN EXPRESS

Expiration Month *

Select a Month

Expiration Year *

Select a Year

Security Code *

Name on Credit Card *

Complete all required fields [*]


Next >

Transaction Summary

TDLR Health Professional	\$25.00
Texas.gov Price	\$25.00

Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

TEXAS DEPARTMENT OF LICENSING & REGULATION

Customer Information

Address

920
Colorado St
AUSTIN, TX 78701-2332

Country

United States

Phone Number

512

Email Address

@tdlr.texas.gov

Edit

Payment Information

Credit Card


Visa ****1111
Exp. 01/2025


Name on Credit Card

DR. Steve T. Tester

Edit

Verification

 I'm not a robot


hCAPTCHA
Privacy • Terms

Cancel

Submit Payment

Transaction Summary

TDLR Health Professional	\$25.00
Texas.gov Price	\$25.00

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.



Customer Information

Address: Steve Uecker, 920 Colorado St, AUSTIN, TX 78701-2332
 Phone Number: 512-663-8019
 Country: United States
 Email Address: [Redacted]

Payment Information

Credit Card: Visa ****1111, Exp. 01/2025

Verification

☒ I'm not a robot

Transaction Summary

TDLR Health Professional	\$25.00
Texas.gov Price	\$25.00

Please wait

Your payment is being processed.

Please do not close your tab or window, and please do not use your browser's Back button.

Need Help?

Need payment information? You may edit Billing (Payment Method) here if needed. When complete, select Make Payment. You will receive a taxable receipt at the end of your successful payment transaction.

[Cancel](#)

Step 15: You can get a PDF summary and print.

Online Application Payment Success

Press "Main Menu" to return to the main menu.
 Press "View PDF Summary" and print this page for your records using the print function of your browser.

Thank you. Your online payment was processed successfully. Please print this page or record the authorization and trace numbers for future reference.

Amount Paid:	\$25.00
Authorization Number:	OK1894
Trace Number:	452RG880286PPD

Application Number	Description	Applicant Name	Fee
2003-451	Renew Podiatric Medical Rad Tech	[Redacted]	\$25.00

[Next](#) [View PDF Online Payment Summary Report](#)



Step 16: You will also get an email confirmation.



Licensing and Regulation
Podiatric Medical Examiners Advisory
Online Payment

Amount Paid:25.00

Authorization Number:OK1894

Batch Trace Number452RG880286PPD

Payment Date:21-Sep-22 6.25 PM

Payor Name:

Your application summary will be emailed to the email address provided.

Application Number	Description	Applicant Name	Fee Trace Number
2003-451	Renew Podiatric Medical Rad Tech		25.00 452RG880286PP

Texas.gov TDLR Health Receipt - Message (HTML)

FileMessageHelpTell me what you want to do

DeleteArchive

ReplyReply AllForward

Quick Steps

Move

Tags

Editing

Immersive

Language

Zoom

Protection

Texas.gov TDLR Health Receipt

N

noreply@tdlr.texas.gov

To

Retention Policy TDLR - 1 Year Delete (1 year)

Expires 9/21/2023

Wed 9/21/2022 6:26 PM

If there are problems with how this message is displayed, click here to view it in a web browser.

Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print. To complete the transaction, you MUST click Continue to return to the TDLR web site.

Transaction Summary

Description	Amount
TDLR Health Professional	\$25.00
Texas.gov Price	\$25.00

Customer Information

Customer Name

Local Reference ID

Receipt Date

Receipt Time

452RG880286PPD

9/21/2022

06:25:51 PM CDT



How to Add a Doctor of Podiatric Medicine to your Registration:

If you are registering for the first time or have a change in the DPMs that you work with, you need to update your registration with that information. The following procedure tells you how. It will connect the Doctors of Podiatric Medicine (DPMs) with your License.

You can modify it at any time, for example, if a DPM leaves a practice, or you change employers.

Step 1: Sign in and go to “Manage your License information.”

You can then choose Update Office Locations and Related DPMs.

TDLR
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as Tester, Steve
[Update Profile](#) | [Logoff](#)

Quick Start Menu
To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

It is time to Renew!
Podiatric Medical Radiological Tech [Redacted] **Renew Podiatric Medical Rad Tech** [Select](#)

Manage your license information
Podiatric Medical Radiological Tech [Redacted] **Update Office Locations and Related DPMs** [Select](#)

License Information [Show Details](#)
Name: [Redacted]
License Number: [Redacted]
License Type: Podiatric Medical Radiological Tech

License Information [Show Details](#)
Name: [Redacted]
License Number: [Redacted]
License Type: Podiatric Medical Radiological Tech

Step 2: Introduction page to “Updating Office Locations and Related DPMs.”

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Podiatric Medical Radiological Tech 021-22
Logged in as Tester, Steve
[Update Profile](#) | [Logoff](#)

Introduction
Name and Personal Details
[Contact Information](#)
Related Licenses Listing
Application Summary

Update Office Locations and Related DPMs - Introduction
Use this option to report change of DPM staff or the office(s) that you work in.
Press "Next" to continue.
Press "Cancel" to cancel this application and return to the main menu.


PLEASE NOTE: To avoid delays in processing your application, you must submit **all** required documents while you are logged in during this session.

Follow the instructions on each screen to complete your application. Your information will not be saved until you complete the application and submit your information.

[Next](#) [Cancel](#)



Step 3: Check your information.



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Podiatric Medical Radiological Tech

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Introduction

Name and Personal Details

Contact Information

Related Licenses Listing

Application Summary

Update Office Locations and Related DPMs - Name and Personal Details

You must be at least 18 years old to obtain a license.
Enter your personal details and press "Next" to continue.
Press "Previous" to return to the previous section.
Press "Cancel" to cancel this application and return to the main menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

Title:

First Name:

Second Name:

Last Name:

Suffix:

Social Security Number:

Birthdate:

Gender:

(mm/dd/yyyy)


Unknown

Previous

Next

Cancel

Step 4: You can add as many Office Locations as you need



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Introduction

Name and Personal Details

Contact Information

Related Licenses Listing

Application Summary

Update Office Locations and Related DPMs - Contact Information

Press "Previous" to return to previous page.
Press "Next" to go to next page.
Press "Cancel" to Cancel application and go back to Quick Start Menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
If Delete Button is available. Press "Delete" to delete the address.
If Copy Button is available. Press "Copy" to copy a previously entered address.
Press "Zip Lookup" after entering the zip code to populate the U.S. city, state and county.
Select an address type and press "Add" to add a new address.

Office Location

Street Number:

Street Name:

Address (cont'd):

Zip Code:

City:

State:

Country:

Phone Number:

Extension:

Primary DPM:

Secondary DPM:

Business Name:

1101

South Congress

78701

Austin

Texas

United States

512-663-8019

Dr. X

Dr. Y

1,2,-3 ? Feet

Add Another Contact

Contact Type:

Add

You may update or add Office Locations to ensure that all work locations are identified where you provide Podiatric Radiological services.

Previous

Next

Cancel

VERSA PMRT Registration and Update Related DPM SOP

21

Step 5: Click “Add” if you need to add a DPM. If you are updating the system, the DPMs you are currently associated with or “related to” would be listed. If you need to “Delete” a DPM, that option would appear, too.

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Podiatric Medical Radiological Tech 021-22

Logged in as Tester, Steve

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Introduction
Name and Personal Details
Contact Information
Related Licenses Listing
Application Summary

Update Office Locations and Related DPMs - Related Licenses Listing

Identify all Doctors of Podiatric Medicine for whom you provide radiological services using this screen. You must identify each DPM by license number.

Press "Add" to add a related license. If "Add" button is not enabled (gray), adding a related license is not possible for this license type.

Press "Delete" to delete a related license. If "Delete" button is not available, deleting a related license is not possible for this license type.

Press "Previous" to return to the previous section.

Press "Next" when finished viewing/adding/changing the related licenses.

Press "Cancel" to cancel this application and return to the main menu.

Related Licenses

[VO PreProd2 License Search](#)

[Previous](#) [Next](#) [Add](#) [Cancel](#)

Step 6: You can either enter their License number or use the “License Search” option.

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Podiatric Medical Radiological Tech 021-22

Logged in as Tester, Steve

[Update Profile](#) | [Logoff](#)

Introduction
Name and Personal Details
Contact Information
Related Licenses Listing
Application Summary

Update Office Locations and Related DPMs - Related Party - Add

Identify all Doctors of Podiatric Medicine for whom you provide radiological services using this screen. You must identify each DPM by license number.

Select a Type of Relationship and enter the related license information. Press "Save" to save your entry.

Press "Cancel" to return to the previous screen without saving your entry.

Type of Relationship:

Other Party Role: Doctor of Podiatric Medicine

License Type:

License Number:

[VO PreProd2 License Search](#)

[Save](#) [Cancel](#)



Step 7: You have now added this DPM. You can just as easily delete the relationship in the license system with that podiatrist by hitting the "Delete Relation" link.

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Podiatric Medical Radiological Tech [Redacted] Logged in as Tester, Steve
Update Profile | Logoff

Update Office Locations and Related DPMs - Related Licenses Listing

Identify all Doctors of Podiatric Medicine for whom you provide radiological services using this screen. You must identify each DPM by license number.

Press "Add" to add a related license. If "Add" button is not enabled (gray), adding a related license is not possible for this license type.

Press "Delete" to delete a related license. If "Delete" button is not available, deleting a related license is not possible for this license type.

Press "Previous" to return to the previous section.

Press "Next" when finished viewing/adding/changing the related licenses.

Press "Cancel" to cancel this application and return to the main menu.

Related Licenses

Relation Name: **DPM - Rad Tech Association** (Required: Y)

Your Role: **Radiological Technician**

Other Party Role: **Doctor of Podiatric Medicine**

[Redacted]
Doctor of Podiatric Medicine - 644
Current - 2022-11-01

[VO PreProd2 License Search](#)

[Delete Relation](#)

Previous Next Add Cancel

Step 8: You will now see a summary of your choices. You can edit them if needed.

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Podiatric Medical Radiological Tech [Redacted] Logged in as Tester, Steve
Update Profile | Logoff

Update Office Locations and Related DPMs - Application Summary

Review the data and press "Submit" to submit this application.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Application

License Type: **Podiatric Medical Radiological Tech**

Application Date: **09/22/2022**

Personal Details

Full Name: **[Redacted] ty** [Edit](#)

Social Security Number: *********

Birthdate: **05/17/1996** Gender: **Unknown**

General Addresses

Office Location: **1101 S Congress Ave** [Edit](#)

AUSTIN, Texas

78704-1727

US

Phone Number: **512-663-8019**

Primary DPM: **Dr. X**

Secondary DPM: **Dr. Y**

Name: **1,2,-3 ? Feet**

Related Licenses

Relation Name: **DPM - Rad Tech Association (Required:Y)** [Edit](#)

Your Role: **Radiological Technician**

Other Party Role: **Doctor of Podiatric Medicine**

Other Party Name: **[Redacted]**

Doctor of Podiatric Medicine


Lic Type: **Medicine** Lic Number: **644**

Lic Status: **Current** Lic Expiry: **11/01/2022**

Previous Submit Cancel



Step 9: You attest that everything is correct.

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Podiatric Medical Radiological Tech 021-22

Logged in as **Tester, Steve**
[Update Profile](#) | [Logoff](#)

[Introduction](#)
[Name and Personal Details](#)
[Contact Information](#)
[Related Licenses Listing](#)
[Application Summary](#)

Update Office Locations and Related DPMs - Attestation

Press "Previous" to return to the previous section.
Press "Submit" to continue.
Press "Cancel" to cancel this application and return to the main menu.

All documents must be attached during this session to avoid delays. Press "Previous" to add documents.

By submitting this application, I certify that all information submitted is true and accurate.

☒ Yes
☐ No

[Previous](#) [Submit](#) [Cancel](#)

Step 10: There is no fee to pay.

You can click the PDF and get a report of your transaction for your records.

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Podiatric Medical Radiological Tech [REDACTED]

Logged in as **Tester, Steve**
[Update Profile](#) | [Logoff](#)

[Fee and Summary Report](#)

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.
Press "Return" to return to the main menu.

[Return](#) [View PDF Summary Report](#)





Step 11: PDF Summary.



TEXAS DEPARTMENT OF
LICENSING & REGULATION
Application summary notes

Licensing and Regulation Application Summary

9/22/22, 1:42 PM

Page 1 of 2

Application Detail

License Type: **Podiatric Medical Radiological Tech**
Application: **Update Office Locations and Related DPMs**
Application Date: **09/22/2022 (mm/dd/yyyy)**

Personal Detail

First Name: [REDACTED]
Middle Name: [REDACTED]
Last Name: [REDACTED]
Date of Birth: ****/**/**** (mm/dd/yyyy)**
Gender: **Unknown**
Social Security Number: *********

Addresses

Office Location

Name: **1,2,-3 ? Feet**
Address: **1101 S Congress Ave**
AUSTIN, TX
78704-1727
United States
Phone Number: **512-663-8019**
Primary DPM **Dr. X**
Secondary DPM **Dr. Y**

Related Licenses

Relation Name: **DPM - Rad Tech Association**
Required: **Y**
Your Role: **Radiological Technician**
Other Party Role: **Doctor of Podiatric Medicine**
[REDACTED]
Doctor of Podiatric Medicine - 1599
Current - 2022-11-01
Relation Name: **DPM - Rad Tech Association**

(Image continued on next page)



Required: Y
Your Role: Radiological Technician
Other Party Role: Doctor of Podiatric Medicine
[REDACTED]
Doctor of Podiatric Medicine - 644
Current - 2022-11-01

Attestation

By submitting this application, I certify that all information submitted is true and accurate.

Step 12: That's it! You have updated the DPMs connected to your registration.

