



TEXAS MEDICAL BOARD

TEXAS LMRT EXAMINATION APPLICATION

LIMITED MEDICAL RADIOLOGIC TECHNOLOGIST (PLEASE PRINT)

Last Name

First Name

Middle Name

Address

City

State

Zip

(_____) _____
Phone Number

Social Security Number

Date of Birth

Email address

Current or previous Texas Temporary Limited Medical Radiologic Technologists (TLMRT) information: **(If you do not have a current or previous TLMRT, you are ineligible to take the exam at this time.)**

Certificate #

Expiration date

Circle the appropriate answer:

- 1) Have you applied for an exam previously? YES NO If yes, when? _____
- 2) Have you taken an examination previously? YES NO If yes, when? _____

CATEGORIES: Check one or more categories listed on your temporary certificate. You do not have to take all the exams at the same time. Do not check those which you passed on a previous State exam.

☐ Core ☐ Chest ☐ Extremities* ☐ Skull ☐ Spine * ☐ Podiatric ☐ Core Only

*The chiropractic examination is a combination of the spine and extremities exam.

I declare that all data on this form are accurate and true to the best of my knowledge.

Signature of Exam Applicant

Date

Location Address:
333 Guadalupe, Tower 3, Suite 610
Austin, Texas 78701

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