



## TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

### TEXAS LMRT EXAMINATION APPLICATION INSTRUCTIONS:

Before a person can be scheduled for the limited exam, the Texas Medical Board must receive an application to take the Limited Scope of Practice in Radiography Examination. Send your completed exam request by mail or fax using the information provided on the form. You may also submit the form to [registrations@tmb.state.tx.us](mailto:registrations@tmb.state.tx.us) for processing. **There is no fee for this application at this time.** You will be notified in writing once your application is received and approved.

**Examinations are administered for the TMB by the American Registry of Radiologic Technologists® (ARRT).** Once the status of your exam eligibility has been forwarded to ARRT, you will have 1 year to submit your payment to take the exam. Once you have submitted your payment to ARRT, they will send you a Candidate Status Report that will include a 90-day examination window.

Additional information related to the exam is available on our website at: <http://www.tmb.state.tx.us/page/LMRT-Exams>

1. Please enter in your full legal name on the application. If the name provided does not match your legal name, you may not be able to sit for the exam with ARRT.
2. Please enter in your mailing address even if it is different from your physical address. This is the address where we will contact you related to the LMRT exam approval and your results.
3. Please enter in your full social security number and date of birth, not just the last digits. This identifying information is required to complete the exam approval with ARRT.
4. Please enter in your contact information, especially your email address. We will contact you by email when possible to expedite your LMRT exam application processing.
5. If you have a Temp LMRT license, or a Full LMRT license, please enter in the license number and expiration date.
6. Please enter in the specific LMRT program that you attended, or are attending, and
  - a. If you have completed the program include a transcript/certificate of completion, or
  - b. If you have not yet completed the program, your application must include the signature of the program director or registrar, per Board rule 194.6.

#### NOTES:

- If you have already taken the LMRT exam, you do not need to retake any modules you have previously passed.
- If you have not yet taken the exam, you **MUST** choose CORE and at least one other module. CORE is the only module that **MUST** be taken and passed.
- **You DO NOT need to pass ALL modules before applying for the Full LMRT license.** At this time, only passage of CORE and at least one other module are required.
- If you need to make any corrections to an LMRT Exam application that has already been submitted, a new full application is not needed. Email your corrections to [registrations@tmb.state.tx.us](mailto:registrations@tmb.state.tx.us)
- Scores are emailed directly to the candidate, unless no personal email address indicated. If you don't receive scores, please follow up with your program coordinator before contacting the board. Scores are emailed weekly to candidates. If you don't receive scores within 3-5 business days, please email [Registrations@tmb.state.tx.us](mailto:Registrations@tmb.state.tx.us) for assistance.

**Location Address:**  
1801 Congress Ave, Suite 9-200  
Austin, Texas 78701

**Mailing Address:**  
P.O. Box 2029  
Austin, Texas 78768-2029  
[www.tmb.state.tx.us](http://www.tmb.state.tx.us)

**Contact Information:**  
Phone 512.305.7030  
Registration Fax 888. 512.2581  
[registrations@tmb.state.tx.us](mailto:registrations@tmb.state.tx.us)

# TEXAS LMRT EXAMINATION APPLICATION (PLEASE PRINT)

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

Please note, if the name provided does not match your identifying documentation, you will not be able to sit for the exam.

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

(\_\_\_\_\_) \_\_\_\_\_

**Phone Number**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Applicant Email Address**

Please check "New Application" or "Application Update" below as appropriate.

**New Application**

or

**Application Update** (new address, etc)

Current or previous Texas Temporary (or Full) Limited Medical Radiologic Technologists (TLMRT) information:

\_\_\_\_\_  
**Certificate #**

\_\_\_\_\_  
**Expiration date**

\_\_\_\_\_  
**Name and location of accredited LMRT program**

Current Student

Graduate

\_\_\_\_\_  
**Program Coordinator Email Address** (if applicable)

(Please note that ARRT scores are emailed directly to the candidate, unless there is no personal email address indicated on the application)

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.

## Applicant Attestation:

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

\_\_\_\_\_  
**Signature of Exam Applicant**

\_\_\_\_\_  
**Date**

If you are an LMRT student who has not completed your training program, the signature of your Program Director or Registrar is required.

## Program Director/Registrar Attestation:

I declare that the LMRT program student listed above has completed the education components necessary for qualifying the individual to pass the appropriate limited scope examination.

\_\_\_\_\_  
**Signature of Program Director or Registrar**

\_\_\_\_\_  
**Date**

Location Address:  
1801 Congress Ave, Suite 9-200  
Austin, Texas 78701

Mailing Address:  
P.O. Box 2029  
Austin, Texas 78768-2029  
[www.tmb.state.tx.us](http://www.tmb.state.tx.us)

Contact Information:  
Phone 512.305.7030  
Registration Fax 888. 512.2581  
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