



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY
MEDICAL RADIOLOGIC TECHNOLOGIST APPLICATION TO
RETURN TO ACTIVE STATUS - EMERGENCY PROCESSING

Medical Radiologic Technologist Information

Name: _____ Texas license number: _____

Email Address: _____

Telephone Number: _____ Fax Number: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Proposed Practice
location (if known): _____

City: _____ St: _____ Zip: _____

ARRT Number: _____ ARRT Exp date: _____

Or

CBRPA Number: _____ CBRPA Exp date: _____

Or

NMTCB Number: _____ NMTCB Exp date: _____

Any other State
licenses held: _____

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

Mailing Address:
P.O. Box 2029 MC 245
Austin, Texas 78768-2029
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