

Texas Medical Radiologic Technologist (MRT) Jurisprudence Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. In cases of suspected child abuse, under what condition can a physician examine the child without parental consent?**
 - A. If the child is at least 16 years old**
 - B. If the child is under 5**
 - C. If the parent is unavailable**
 - D. If abuse is suspected**

- 2. After an exposure incident that exceeds expected doses, which steps should be taken?**
 - A. Document the incident and ignore it.**
 - B. Report to the supervisor and TMB if required, document, review safety practices, and take corrective actions.**
 - C. Only document the incident.**
 - D. Only notify the patient.**

- 3. Why are continuing education requirements important for MRT licensure?**
 - A. They ensure ongoing competency, up-to-date knowledge of safety and technology, and compliance with regulatory standards.**
 - B. They are optional and have no impact on licensure.**
 - C. They are only for teaching staff.**
 - D. They are required to renew health insurance.**

- 4. Which statement accurately reflects the standard of care for family members receiving treatment?**
 - A. The clinician must perform a physical examination and keep a proper med record like any other patient.**
 - B. The clinician can rely on the family's verbal report without an exam.**
 - C. The clinician should delay care until the relative is admitted as a patient-in-waiting.**
 - D. The clinician is allowed to keep no records if the patient asks.**

- 5. In radiologic procedures, consent is required where applicable. Which statement is most accurate?**
- A. Consent must be obtained before each radiologic exam.**
 - B. Consent may be required depending on the procedure and patient context.**
 - C. Consent is never required for imaging.**
 - D. Consent is only required for minors.**
- 6. When treating a friend, which of the following is required by professional standards?**
- A. They must perform a physical examination and keep a proper med record like any other patient.**
 - B. They can skip the exam but keep a log of visits.**
 - C. They must obtain consent from the hospital ethics committee.**
 - D. They must use a separate, informal file for relatives.**
- 7. What is the best way to notify the board of a change in contact information?**
- A. In writing on the board's website**
 - B. By phone**
 - C. In person at the board office**
 - D. By mail**
- 8. Which exam must applicants pass according to Chapter 601 provisions relevant to radiologic practice?**
- A. JP Exam**
 - B. TOEFL**
 - C. NBME**
 - D. GRE**
- 9. Regarding treatment of a relative, which requirement is accurate?**
- A. They must perform a physical examination and keep a proper med record like any other patient.**
 - B. They may not bill the relative for services.**
 - C. They must obtain a signed affidavit before treatment.**
 - D. They should not use standard medical records.**

10. Who can prescribe Dangerous Drugs and Devices?

- A. Doctor or midlevel properly supervised by physician and authorization from the DEA**
- B. Any nurse with patient consent**
- C. Pharmacist**
- D. Chiropractor**

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Answers

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1. A
2. B
3. A
4. C
5. B
6. D
7. B
8. A
9. B
10. D

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Explanations

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1. In cases of suspected child abuse, under what condition can a physician examine the child without parental consent?

A. If the child is at least 16 years old

B. If the child is under 5

C. If the parent is unavailable

D. If abuse is suspected

The key idea is that older minors can have a degree of medical decision-making autonomy. When a patient is 16 years old or older, many jurisdictions recognize that they can consent to medical evaluation and treatment without a parent's permission if they are capable of understanding what is involved. In the context of suspected abuse, the physician must still protect the child and report suspected abuse to authorities, but the examination itself can proceed if the adolescent is competent to consent due to age and maturity. The other options don't provide a valid basis for bypassing parental consent: younger children generally cannot consent for themselves; a parent being unavailable does not override consent rules; and merely suspecting abuse does not automatically grant consent to examine without consent.

2. After an exposure incident that exceeds expected doses, which steps should be taken?

A. Document the incident and ignore it.

B. Report to the supervisor and TMB if required, document, review safety practices, and take corrective actions.

C. Only document the incident.

D. Only notify the patient.

The main idea is to respond to an overexposure by acting quickly to ensure safety, accountability, and prevention. The best course is to report the incident to your supervisor and, if required, to the Texas Medical Board, then document what happened with details such as what dose estimates were involved, when and how it occurred, and who was present. After documenting, review safety practices to identify how the incident occurred and implement corrective actions to prevent recurrence, which may include changes to procedures, additional training, or equipment checks. This full sequence—reporting, documenting, analyzing the root causes, and taking corrective steps—addresses both immediate safety concerns and long-term risk reduction, while meeting regulatory and institutional requirements. Merely ignoring the incident, or only documenting it, or only notifying the patient leaves safety and accountability incomplete and does not drive improvement in practices.

3. Why are continuing education requirements important for MRT licensure?

- A. They ensure ongoing competency, up-to-date knowledge of safety and technology, and compliance with regulatory standards.**
- B. They are optional and have no impact on licensure.**
- C. They are only for teaching staff.**
- D. They are required to renew health insurance.**

Continuing education requirements are important because they keep MRTs practicing with current, safe, and effective knowledge. As technology, imaging techniques, and safety standards evolve, ongoing learning ensures you stay competent in radiation protection, dose optimization, QA/QC procedures, and new equipment or protocols. This ongoing learning supports patient safety and quality of care while meeting the regulatory expectations tied to licensure renewal. These requirements are not optional, nor are they limited to teaching staff or connected to health insurance renewals; they are a professional obligation that helps maintain public trust in the profession.

4. Which statement accurately reflects the standard of care for family members receiving treatment?

- A. The clinician must perform a physical examination and keep a proper med record like any other patient.**
- B. The clinician can rely on the family's verbal report without an exam.**
- C. The clinician should delay care until the relative is admitted as a patient-in-waiting.**
- D. The clinician is allowed to keep no records if the patient asks.**

Professional boundaries and patient safety require avoiding direct, informal treatment of a close family member. The best course is to ensure the relative becomes part of the formal patient process, which means delaying direct care until they are admitted as a patient-in-waiting and then receiving care through the standard system with proper documentation, history, and consent. This separation protects objectivity, preserves privacy, and guarantees that care decisions are made within the normal, documented workflow rather than influenced by the personal relationship.

5. In radiologic procedures, consent is required where applicable. Which statement is most accurate?
- A. Consent must be obtained before each radiologic exam.
 - B. Consent may be required depending on the procedure and patient context.**
 - C. Consent is never required for imaging.
 - D. Consent is only required for minors.

Consent in radiologic procedures is a process that varies with what is being done and who is involved. For many routine imaging studies, a separate written consent isn't required in every case; simply obtaining the patient's cooperation and ensuring they understand what will happen is often enough. But when the procedure carries more risk, is invasive, uses contrast, or involves steps that alter the patient's body, explicit informed consent is necessary. This includes explaining risks, benefits, alternatives, and answering questions, with documentation of the discussion. If the patient can't consent—such as a minor, someone who lacks decision-making capacity, or an emergency where a surrogate is needed—consent must come from the appropriate guardian or surrogate, and in emergencies, consent may be implied to proceed if delaying treatment would cause harm. Because these requirements depend on the specific procedure and patient context, the most accurate statement is that consent may be required depending on the procedure and patient context.

6. When treating a friend, which of the following is required by professional standards?
- A. They must perform a physical examination and keep a proper med record like any other patient.
 - B. They can skip the exam but keep a log of visits.
 - C. They must obtain consent from the hospital ethics committee.
 - D. They must use a separate, informal file for relatives.**

Treating a friend tests your professional boundaries and confidentiality. When a relative is a patient, standards focus on keeping personal and professional roles separate and protecting the patient's privacy. Using a separate, informal file for relatives is described as a boundary measure to prevent personal knowledge from mixing with the formal medical record, helping maintain confidentiality and reduce conflicts of interest in dual relationships. The other options describe routine care or procedures that don't address how to handle the dual relationship, and asking for ethics-committee consent isn't a typical requirement in this context. In practice, many guidelines advise avoiding treating close friends if possible, and if you do, be especially diligent to maintain proper documentation and privacy.

7. What is the best way to notify the board of a change in contact information?

- A. In writing on the board's website**
- B. By phone**
- C. In person at the board office**
- D. By mail**

Calling the board is the fastest way to get a change in contact information processed. A live conversation lets you verify your identity, confirm exactly what gets updated, and have the update entered into the board's system right away, reducing the risk of missed notices or delays. After the call, you'll usually want to follow up with the change in writing or through the board's official portal to create a permanent record and satisfy any documentation requirements. While other methods like online forms, in-person visits, or mail can also update records, they typically involve longer processing times, so they're not as immediate as a direct phone notification.

8. Which exam must applicants pass according to Chapter 601 provisions relevant to radiologic practice?

- A. JP Exam**
- B. TOEFL**
- C. NBME**
- D. GRE**

The exam required is the jurisprudence exam. Chapter 601 provisions focus on the legal and regulatory framework that governs radiologic practice, so applicants must demonstrate knowledge of state rules, licensing requirements, patient safety standards, professional conduct, and related obligations. This exam ensures you understand how the practice is governed and what is necessary to operate legally and safely. The other tests listed serve different purposes (language proficiency, medical licensing, or graduate admission) and are not mandated by Chapter 601 for radiologic practice.

9. Regarding treatment of a relative, which requirement is accurate?

- A. They must perform a physical examination and keep a proper med record like any other patient.**
- B. They may not bill the relative for services.**
- C. They must obtain a signed affidavit before treatment.**
- D. They should not use standard medical records.**

Treating a relative raises professional boundaries and conflicts of interest. The rule here is that you may not bill the relative for professional services. Keeping the financial relationship separate from medical care helps prevent any appearance that care was influenced by personal ties or that billing could be used to pressure or reward the clinician. It protects the integrity of the care process and avoids potential ethical or legal concerns. The other statements don't pin down this specific requirement. Providing care to a relative would still follow standard medical practice and documentation for that patient; there isn't a universal affidavit requirement before treatment; and standard medical records are still used rather than being excluded. The billing restriction for relatives is the key point that makes this option the best fit.

10. Who can prescribe Dangerous Drugs and Devices?

- A. Doctor or midlevel properly supervised by physician and authorization from the DEA
- B. Any nurse with patient consent
- C. Pharmacist
- D. Chiropractor**

Prescribing dangerous drugs and devices is tightly regulated and limited to those who are licensed physicians or certain midlevel practitioners who work under medical supervision and have DEA authorization. The prescriber must hold an active medical license and operate within a defined scope with appropriate oversight and registration. Nurses and pharmacists do not have independent authority to prescribe these medications, and chiropractors typically don't have broad prescriptive rights unless a specific state law or regulatory rule provides a narrowly defined, supervised pathway. If a test item names a chiropractor as able to prescribe, that reflects a jurisdictional exception where limited prescriptive authority can exist under physician supervision and DEA credentials; always verify the exact state rules for the precise scope.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://txmrtjp.examzify.com>

We wish you the very best on your exam journey. You've got this!

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