



TEXAS MEDICAL BOARD

Military Applicant Fee Waiver Request Form

Applicant Name: _____
Please print your full name as it will appear on your application.

Applicant Address: _____

Please provide your mailing address as it will appear on your application

Application Type:

<input type="checkbox"/> Physician	<i>Indicate Physician License Type Below</i>	
<input type="checkbox"/> Full (M.D. or D.O.)	<input type="checkbox"/> Out of State Telemedicine License	<input type="checkbox"/> Administrative Medicine
<input type="checkbox"/> Faculty Temporary (FTL)	<input type="checkbox"/> Physician in Training (PIT)	<input type="checkbox"/> Provisional License
<input type="checkbox"/> Physician Public Health	<input type="checkbox"/> Medical License Limited to Underserved Areas	<input type="checkbox"/> Conceded Eminence
<input type="checkbox"/> Visiting Physician Temporary Permit	<input type="checkbox"/> Visiting Professor Temporary Permit	<input type="checkbox"/> Military Limited Volunteer

<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Respiratory Care Practitioner	<input type="checkbox"/> Perfusionist
<input type="checkbox"/> Acudetox Specialist	<input type="checkbox"/> Non-certified Radiologic Technician (NCT)	<input type="checkbox"/> Medical Physicist
<input type="checkbox"/> Acupuncturist	<input type="checkbox"/> Medical Radiologic Tech (MRT)	<input type="checkbox"/> Surgical Assistant

Please check the appropriate box below.

I am a:

- ☐ Military Service Member (Active duty) ☐ Military Spouse ☐ Military Veteran

Documentation provided: **(Please provide copies of documentation, no originals)**

- ☐ Copy of military ID, passport, or birth certificate

And:

- ☐ DD2-14; or
☐ Copy of current original orders, including signature page(s).

Upon receipt of your request with above noted documentation, the Pre-Licensure and Consumer Services Department will evaluate the documentation and provide a response to include a hardcopy application, a request for additional information, or a statement as to why the waiver request is being denied.

Signature (Required): _____
Signature

Date

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

Mailing Address
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