



TEXAS MEDICAL BOARD

Staple Check Here

**APPLICATION TO REQUEST CRIMINAL HISTORY EVALUATION LETTER**

Mailing Address: PO Box 2029, Austin, TX 78768-2029

For agency use

4405  
\$100.00

- Submit **PRIOR** to applying for licensure. Established applicants do not need to submit this letter.
- Allow 90 days for processing of application and fee.
- Complete the application, print, and submit it to the address above.
- Staple a \$100.00 personal check, cashier’s check or money order (made out to the Texas Medical Board and payable through a US bank) to this form.
- Once your application is received you will be issued a six-digit ID number and a “Fast Pass” so that you can register to be fingerprinted. There will be a fee of \$44.20 payable to the vendor. For more information go to:  
<http://www.tmb.state.tx.us/professionals/physicians/applicants/fingerprinting.php>
- Review rules relating to criminal history evaluation letters in Chapter 168 at <http://www.tmb.state.tx.us/rules/rules/bdrules.php>.

**Name:** Provide your name as it is listed on either your current driver license issued by a state driver license bureau in the United States or your current passport.

<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Suffix</b>
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**Alternate Names:**

**Email Address:**

**Mailing Address :**

Street Address	City	State	Zip
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<b>Date of Birth</b> (mm/dd/yyyy):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Provide a description of the convictions or deferred adjudication for felony or misdemeanor offenses that you want evaluated. Your application will not be processed without a description.**

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**I request a criminal history evaluation letter determining whether or not I am eligible for one of the following :(Circle one)**

physician license	physician in training permit	physician assistant license
acupuncturist license	other permit issued by the TMB, TPAB, or TSBAE (please list) _____	

I understand that the evaluation letter may not address evidence I do not disclose on this request, and that failure to provide complete and accurate information may invalidate any letter issued. I understand that the letter will not address other eligibility requirements. Further, I agree to provide all requested documentation within one year of this request or submit a new application and fee. I understand that any evaluation letter issued will be based on existing law at the time of the request, and that I remain subject to the requirements for licensure at the time of application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(original signature required)**