

**Texas Medical Board  
Physician Online Application Facsimile**

**Welcome to the Texas Medical Board's Physician Licensure Application**

Applying for a license online is convenient and easy, requiring only a few simple steps:

- Enter all requested information.
- Review the information you entered and modify, if necessary.
- Pay the **non-refundable** license fee using one of the following:
  - MasterCard
  - Visa
  - Discover
  - American Express
  - Electronic Check
- View and print the receipt.

**Note:** In general, applications are reviewed in the order of receipt. However, the review of applications from physicians who have formally committed to practice in non-metropolitan counties will be expedited. All applicants should identify the city and county where they plan to practice. For information concerning practice in a non-metropolitan county, please contact the Texas Department of Rural Affairs at <http://www.tdra.state.tx.us/>.

It is not possible to provide assurances that any applicant will be licensed by a specific date. It is important to keep this in mind if you accept a job offer prior to licensing.

**Do you have a current (unexpired) medical license issued by the Texas Medical Board?**

If you need to renew a current license please go to [http://www.tmb.state.tx.us/professionals/online\\_regis.php](http://www.tmb.state.tx.us/professionals/online_regis.php) and select Physician Registration Online to begin that process. If your permit expired, or you are unable to log in, please contact Board offices at (512) 305-7030 for renewal information.

**Read the Guidelines to continue.**

**Guidelines**

Before proceeding with this application, visit the Texas Medical Board's web site to determine your eligibility, obtain a checklist of required supplemental documentation, and view Frequently Asked Questions.

- Depending on your answer, some of the questions on the application will

require you to download a supplemental form and submit it, along with any third party documentation requested. Your application will not be complete until all supplemental information is received.

- There is no "save" feature for this application. It will have to be completed and paid for in one sitting. Should you need to stop, be aware that you will have to start over from the beginning. We suggest you print each page as soon as you complete it. This will give you a reference should you need to start over, and give you a complete print copy once you finish your online application
- The following documentation must be gathered **before** proceeding with this application:
  - your Social Security number
  - your ECFMG number, if you are an international medical school graduate
  - your Texas license number, if you were previously licensed in Texas
  - if you are specialty board certified, the name(s) of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists specialty board(s) and your year(s) of certification.
  - the following information relative to your work history (professional affiliations for the last five years and all U.S. and Canadian post-graduate training)
    1. type of position (for example - intern, resident, fellow or staff)
    2. name of the department in which you trained or held privileges
    3. name of the hospital where the training/affiliation took place
    4. address of the hospital where the training/affiliation took place
    5. phone number for the department where the training/affiliation took place
    6. start date of the training/affiliation - mm/dd/yyyy (if you are unsure, use the first day of the month)
    7. end date of the training/affiliation - mm/dd/yyyy (if you are unsure, use the first day of the month)

Processing times can vary depending on the acceptability of submitted items and the complexity of your application. Some of the factors that can increase complexity are "yes" answers to question 3-18 of this application.

Select 'Continue' to get started.

### **Identification**

#### **You are applying for the Physician License**

Thank you for your interest in applying for a medical license with the Texas Medical Board. As you complete your application for online submission, the Board wants to make you aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Texas Medical board is to protect and enhance the public's safety, health and welfare by establishing and maintaining standards of excellence used in

regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education. One way the Board protects the public is by issuing licenses to fully qualified, competent and ethical applicants.

**During the licensing process the Board will ask whether you have ever been investigated by any state, arrested, charged, convicted or pled guilty to a crime.**

An arrest, subsequent criminal conviction, placement on deferred adjudication/prosecution, or disciplinary action is not an automatic disqualification from licensure. Instead, the Board will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. **One thing you must do to obtain the privilege is to be completely honest on your licensure application.**

Be sure to list all relevant complaints, disciplinary actions, charges, or convictions in response to the licensure questions. **Failure to disclose such events could constitute grounds alone for imposition of fines or placement of limitations on your license, or even the denial of your application, or revocation of your license.**

Avoid some of the common excuses the Board has heard from people who fail to disclose, such as:

- My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- I didn't think the prior conduct had anything to do with the profession.
- I didn't think the disciplinary action, arrest, charge, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

**Remember, there is no excuse not to disclose relevant complaints, disciplinary actions, charges, or convictions.** Even after licensure, you are still required to report to the Board about subsequent convictions and disciplinary actions in other states, as they must be reported on your physician profile.

**The Board queries several criminal and national disciplinary databases.** This allows the board to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be denied a license or be subject to a licensure action if you have been disciplined, arrested, charged or convicted, but action will most likely be taken on your application or license if you fail to disclose it.

**Full Disclosure:** It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. If you are unsure of your response to a particular question, answer "Yes" and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "Yes" answer to a question on your application is not definitive as to the Board's assessment of your present moral character and fitness, but a dishonest "No" answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks.

For JP first and last 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. We will furnish this information to the testing center that administers the jurisprudence exam (JP). Your name must match exactly when you present your identification at the testing center, or you will not be allowed to take the exam.	
JP First Name (required)	
JP Last Name (required)	
<b>Your name, as entered in the next 4 fields, will be the name that appears on your license and your physician profile on the web site.</b>	
Applicant First Name (required)	
Applicant Middle Name	
Applicant Last Name (required)	
Suffix	
Alternate Names	
Application Type (required)	
	Full License
	Telemedicine License
	Administrative Medicine License
	Public Health License
	Conceded Eminence
Federal Credentials Verification Service (required)	
Using FCVS?    Yes        No	
Expediting Factors	
<p>Applicants who agree to treat Medicare and Medicaid patients, practice in a medically underserved area, a health professional shortage area, or a rural area may be eligible for expediting handling. For more information about requirements, click <a href="#">here</a>. If you would like to request that your application be expedited, please select all factors that pertain to your proposed practice of medicine (check all that apply):</p> <p>Medicaid/Medicare  Medically Underserved Areas  Health Professional Shortage Areas  Rural Areas</p>	
Please provide a valid email address. <b>Initial information will be sent to you at this email address once your application is received in our office.</b> Included in this information will be instructions on how to access the Licensure Inquiry System of Texas (LIST) – an online communication system for messages to and from the Board regarding your application requirements.	
Note: If you do not provide an email address, your initial information will be sent to the mailing address submitted with this application.	
Email Address (xx@xx.xxx)	
U.S. Social Security Number (###-##-####)(required)	

Required for international medical school graduates.	
ECFMG Certification Number	
Gender (required)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth (required)	
If you were born in the United States, please select your state of birth.	
US State of Birth	
Date of Birth (MM/DD/YYYY)(required)	
Race (required)	White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, Other
Are you of Hispanic Origin? (required)	Yes No
If you are a Texas high school graduate, please provide the county where your high school is located.	
Texas High School County:	
Please provide the city in which you plan to practice.	
Texas Planned Practice Location – City	
Self-Designated Specialty	
Use this list of specialty codes to locate your primary and secondary specialties. Copy your specialty code from the list and paste it into your application below. If you are unable to locate your specialty on the list, please select the code for "Other Specialty.	
If granted a Texas medical license, I plan to practice (Primary Specialty):(required)	
If granted a Texas medical license, I plan to practice (Secondary Specialty):	
<b>Address Information Section</b>	
Please provide your current mailing address and <b>daytime</b> U.S. phone number. <b>It is your responsibility to notify the Board in writing if you have a change of address.</b> <b>Note:</b> You may only enter 1 mailing address at this time.	
Address Type (required)	
Street 1 (required)	
Street 2	
City (required)	
State	
Postal/ZIP Code (required)	
Province	
Country (required)	
Telephone Number (###-###-####)	

**Training and Work History**

- List all U.S. or Canadian post-graduate training since graduation from medical school.
- List all professional affiliations for the past 5 years. Include hospitals, clinics, military assignments, government agencies, and locum tenens assignments.
- If you are a solo practitioner and you have not held any level of hospital affiliations in the past 5 years, you must provide information about your referral sources to be used in your evaluation. Select Solo Practice as the "Position" and use the Facility/Employer fields for the addresses of your referral sources. In the "Department" field, enter the city and state of your practice.
- List all periods of unemployment or employment outside the field of medicine. For periods of unemployment, use your home address.
- The application allows 20 entries. If you need more than that, submit additional items in writing to the Board. Include all information requested here.
- To indicate a current position, enter today's date as an end date.
- You must send Form L to each facility listed, including training programs **and** professional affiliations. Your application cannot be considered complete until all third party documentation is received and evaluated.
- If a listed facility is no longer operating, please submit Form Q

Position (required)

Department (required)

Start Date (MM/YYYY)(required)

End Date (MM/YYYY)(required)

Facility/Employer Name (required)

Facility/Employer Street (required)

Facility/Employer City (required)

Facility/Employer State

Facility/Employer ZIP/Postal Code (required)

Facility/Employer Province

Facility/Employer Country (required)

Facility/Employer Phone Number (###-###-####)

**Questions****Professional History**

**Full Disclosure:** It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. If you are unsure of your response to a particular question, answer "Yes" and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "Yes" answer to a question on your application is not definitive as to the Board's assessment of your present moral character and fitness, but a dishonest "No" answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks.

All supplemental forms listed can be found on the Additional Forms section of our website.

Question 1a (required)

Have you ever been issued a Texas medical license?

Yes

No

If you answered "Yes" to the question above, record your Texas license number (ex: A1234)

Texas License Number

Question 1b(required)

Have you ever been issued any other permit/license to train or practice in Texas? (examples - Institutional Permit, Physician in Training permit, Visiting Professor permit or Faculty Temporary License)

Yes

No

Question 2

List all states in which you have applied for or have been granted licensure or certification as any type of healthcare provider. Use this list to locate the type of license held. Copy the license type from the list and paste into your application below. If you are unable to locate your license type, please use "unassigned", and be aware that this will delay the processing of your application. Use Form AA if you have more than five licenses.

Type of License

State

Sample Only - Submit Application Online

**Arrest/Criminal History**

Please answer the questions in this section with regard to any action taken by any state, province, territory, U.S. federal jurisdiction, or country. If you answer "Yes" to any question in this section, you are required to submit Form R.

**Before you answer "No" to any of the following questions, read the following information carefully:**

The Board will run queries with the Texas Department of Public Safety (and the FBI for physician applicants) to verify your criminal history. Both entities maintain records, often beyond the time that courts keep them. Please be aware that if you have ever been arrested, charged, or convicted of a misdemeanor or a felony, the record of those events will be reported as a result of the fingerprint inquiry.

Serious traffic offenses such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked **MUST** be reported. This list is not all-inclusive. If in doubt as to whether an offense should be disclosed, it is better to disclose the offense on the application.

**Matters in which you were diverted, deferred, pardoned, or pled nolo contendere MUST be disclosed.**

If you believe your offense was **sealed or expunged**, you **must** read the instructions on Form R before you answer "No" to ensure your full and honest disclosure.

If you are in doubt as to how to respond to the questions, full and honest disclosure is highly recommended.

Question 3(required)

Have you ever been arrested? If you answer "Yes" to this question, you are required to submit Form R.

Yes

No

Question 4(required)

Have you ever been cited or ticketed for, or charged with any violation of the law? (Unless the offense involved alcohol or drugs, you may exclude: 1) traffic tickets; and, 2) violations with fines of \$250 or less.) If you answer "Yes" to this question, you are required to submit Form R.

Yes

No

Question 5(required)

Are you currently the subject of a grand jury or criminal investigation? If you answer "Yes" to this question, you are required to submit Form R.

Yes

No

Question 6(required)

Have you ever been convicted of an offense, placed on probation, or granted deferred adjudication or any other type of pretrial diversion? (Unless the offense involved alcohol or drugs, you may exclude: 1) traffic tickets; and, 2) violations with fines of \$250 or less.) If you answer "Yes" to this question, you are required to submit Form R.

	Yes
	No
Including the incidents you reported in Questions 3-6 above, have you been convicted of, or received deferred adjudication for, a felony, a Class A or Class B misdemeanor for a violation relating to:	
(required – see Tex. Occ. Code, Sec. 156.001(e)). If you answer “Yes”, submit Form R.	
Question 7a(required) Medicare, Medicaid or insurance fraud	
	Yes
	No
Question 7b(required) the Texas Controlled Substances Act or intoxication or alcoholic beverage offenses	
	Yes
	No
Question 7c(required) sexual or assaultive offenses	
	Yes
	No
Question 7d(required) tax fraud or evasion	
	Yes
	No
<b>Actions by Professional Licensing Entities</b>	
If you answer "Yes" to any question in this section, you are required to submit Form S.	
Question 8(required) Have you ever withdrawn an application for a professional license, permit or certification as a healthcare professional, or have you been determined ineligible for a professional license, permit or certification as a healthcare professional? If you answer “Yes” to this question, you are required to submit Form S.	
	Yes
	No
Question 9(required) Have you ever had limitations placed on a professional license, been disciplined, or allowed to resign or voluntarily surrender your license in lieu of action by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? (This would include, <b>but is not limited to</b> , informal or confidential orders; consent orders; agreed orders; letters of warning; letters of education; or letters of concern.) If you answer “Yes” to this question, you are required to submit Form S.	
	Yes
	No
Question 10(required) Have you <b>ever</b> been the subject of an investigation based on any complaints, inquiries, grievances or formal or informal charges filed (regardless of the outcome) with or by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? If you answer "Yes" to this question, you are required to submit Form S.	
	Yes
	No

Question 11(required)	
Are there now pending any investigations, complaints, inquiries, grievances or formal or informal charges with or by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? If you answer "Yes" to this question, you are required to submit Form S.	
	Yes
	No
Question 12(required)	
Have you ever had restrictions placed on, been denied, or been required to surrender a federal or state controlled substance permit? If you answer "Yes" to this question, you are required to submit Form S.	
<b>Actions and Investigations in Education, Training or During Employment</b>	
If you answer "Yes" to any question in this section, you are required to submit Form U. If you believe that any action or investigation was minor or not reportable, you <b>must</b> read the instruction on Form U before you answer "No" to ensure your full and honest disclosure. An "academic program" is defined to include any of the following: undergraduate education; professional education such as medical, PA, acupuncture school, or other professional education required for licensure; or post-graduate education.	
Has an academic program, health care entity or professional organization ever taken against you, through either oral or written communication, any of the following public or private actions:	
Question 13a(required)	
limitation, reduction, suspension, revocation or denial of privileges? If you answer "Yes" to this question, you are required to submit Form U.	
	Yes
	No
Question 13b(required)	
warning, censure, reprimand, or formal admonishment? If you answer "Yes" to this question, you are required to submit Form U.	
	Yes
	No
Question 13c(required)	
additional limitations or requirements placed on you based on your clinical performance, academic performance, discipline, or for <b>any</b> other reason? If you answer "Yes" to this question, you are required to submit Form U.	
	Yes
	No
Question 13d(required)	
placement on academic or disciplinary probation? If you answer "Yes" to this question, you are required to submit Form U.	
	Yes
	No
Question 13e(required)	
request of termination, withdrawal or resignation? If you answer "Yes" to this question, you are required to submit Form U.	
	Yes
	No

Question 13f(required) acceptance of voluntary resignation in lieu of further investigations or other action? If you answer "Yes" to this question, you are required to submit Form U.	
	Yes
	No
Question 14(required) Are any such actions listed in questions 13a through 13f pending? If you answer "Yes" to this question, you are required to submit Form U.	
	Yes
	No
Question 15(required) Are you currently under investigation by any academic program, health care entity or professional organization? If you answer "Yes" to this question, you are required to submit Form U.	
	Yes
	No
<b>Malpractice History</b>	
If you answer "Yes" to any questions in this section, you are required to submit Form V.	
Question 16(required) Has a complaint ever been filed against you in a court (i.e., a lawsuit) seeking damages relating to your conduct in providing or failing to provide a medical or health care service? If you answer "Yes" to this question, you are required to have Form I completed by every malpractice carrier who has insured you and you are required to submit Form V.	
	Yes
	No
Question 17(required) Has there been: (a) a settlement of a claim without the filing of a lawsuit, or (b) a settlement of a lawsuit made by you or on your behalf involving damages relating to your conduct in providing or failing to provide a medical or health care service? If you answer "Yes" to this question, you are required to have Form I completed by every malpractice carrier who has insured you and you are required to submit Form V.	
	Yes
	No
Question 18(required) While serving in the U.S. military or the Public Health Service, or while employed, contracted or privileged by a federal facility was a complaint filed in court (i.e., a lawsuit) seeking damages relating to your conduct in providing or failing to provide a medical or health care service? If you answer "Yes" to this question, you are required to have Form I completed for each complaint and you are required to submit Form V.	
	Yes
	No
If you answered Yes to Question 16, 17, or 18 above, what is the total number of cases? Enter the number here:	
<b>Mental and Physical Health</b>	
If you answer "Yes" to any of the following questions, you are required to submit Form W.	

Question 19a(required)	
Within the past five (5) years, have you abused or have you been addicted to alcohol or drugs or have you been treated for alcohol or other substance abuse or dependency? If you answer "Yes" to this question, you are required to submit Form W.	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Question 19b(required)	
Within the past five (5) years, have you been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, personality disorder, or any other mental condition which impaired your behavior, judgment, or ability to function in school, work or other important life activities? If you answer "Yes" to this question, you are required to submit Form W.	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Question 19c(required)	
Within the past five (5) years, have you had or do you currently have any physical or neurological condition, including any disease or condition generally regarded as chronic by the medical community, which impaired or does impair your behavior, judgment, or ability to function in school, work or other important life activities? If you answer "Yes" to this question, you are required to submit Form W.	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Question 19d(required)	
Within the past five (5) years, have you been diagnosed with or treated for pedophilia, exhibitionism, voyeurism, frotteurism, or sexual sadism? If you answer "Yes" to this question, you are required to submit Form W.	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Question 20	
If you answered "Yes" to questions 19a or 19b, are the limitations caused by your mental condition or substance abuse/dependency problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<b>Educational History</b>	
Question 21(required)	
Have you completed 60 hours of college courses other than in medical school for credit towards a Bachelor of Arts or Bachelor of Science degree?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Question 22	
If you are an International Medical School graduate, did you complete your entire primary, secondary, and premedical education in the country where your medical school is located?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Question 23	
Degree awarded (required)	
<input type="checkbox"/>	MD
<input type="checkbox"/>	DO
Question 24	
Use this school code list to locate the code for your medical school. Copy your code from the list and paste it into your application below. If you are unable to locate your code, please use the code for an unassigned school, and be aware that this will delay the processing of your application.	
Medical School Code (required)	
Question 25	
Year Degree was awarded (YYYY) (required)	
<b>Education - International Applicants Only</b>	
Question 26	
Did you complete a Fifth Pathway program?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<b>Examination History</b>	
Select every qualifying examination from the list below that you have ever attempted. (required)	
<input type="checkbox"/>	NBME
<input type="checkbox"/>	NBOME
<input type="checkbox"/>	FLEX
<input type="checkbox"/>	USMLE
<input type="checkbox"/>	COMLEX
<input type="checkbox"/>	State Board Examination
<b>Specialty Board Certification History</b>	
Record up to three ABMS or BOS board certifications and the year certification was awarded. Use this certification code list to locate the code for your board certification. Copy your code from the list and paste it into your application below.	
Primary certification	
Certification Year (YYYY)	
Sub-specialty certification	
Certification Year (YYYY)	
Additional certification	
Certification Year (YYYY)	
<b>Review and Confirm your Information</b>	
<b>Instructions</b>	
Please review your information carefully and edit any sections that need modification. Press "Continue" at the bottom of the page when you are ready to move on. You may print this page, if necessary.	
<b>Fee(s)</b>	

Attestation

I affirm that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein, and evidence or other credentials submitted herewith, are true and correct; that I am the lawful holder of an M.D. or D.O. degree as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, was procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder thereof.

Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business or professional associates (past, present and future) and all governmental agencies (local, state, federal, or foreign) to release to the Texas Medical Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application, necessary to determine my medical competence, professional conduct, or physical and/or mental ability to safely engage in the practice of medicine. I further authorize the Texas Medical Board or its successors to release to the organizations, individuals, or groups listed above, any information, which is material to this application, or any subsequent licensure.

I hereby affirm that I will provide the Board with updated information to be received by the Board within 15 days of my becoming aware of any event that occurs after submission of my application that renders any response, although complete and correct when made, no longer complete or correct. Further, failure to provide updates may result in an adverse action against my application.

**I understand that falsification or misrepresentation of any item or response on this application or any supplemental information is a sufficient basis for denying my application, revoking my license, a determination of ineligibility, or another adverse action against my application or revoking my license after issuance.**

Yes

No

**Payment Amount**

Total amount due: **\$1002.00**

Please enter up to 3 email addresses for receiving the receipt through email:

**Payment**

Confirm the total amount due and choose a payment method from the form(s) below. Scroll down to view all available options.	
Pay by Credit Card	
Billing Name	
Billing Address	
Billing City	
Billing State	
Billing ZIP Code	
Card Type	
Credit Card Number	
Expiration Month	
Expiration Year	
Pay by Electronic Check	
<div style="border: 1px solid black; padding: 5px;"> <p>Memo _____</p> <p>⑆089430098⑆ 001409843⑆ 1443</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border-top: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-top: 1px solid black; width: 150px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;">ABA ROUTING NUMBER</div> <div style="text-align: center;">ACCOUNT NUMBER</div> </div> </div>	
Type of Account	
ABA Routing Number	
Checking or Savings Account Number	

Sample Only - Submit Application Online