



**TEXAS MEDICAL BOARD**  
**Form F**  
**Faculty Temporary License Verification**

This form is to be completed for physician licensure applicants who will be using time worked under a Faculty Temporary License (FTL) to satisfy the postgraduate training requirement for full licensure in the state of Texas. This form is required in addition to the professional evaluation (Form L).

\_\_\_\_\_  
**Physician's Name**

\_\_\_\_\_  
**Faculty Position**

\_\_\_\_\_  
**Institution Name**

\_\_\_\_\_  
**Department**

	FTL#	Dates of Employment
For dates of employment, please list the dates the physician physically started/left the institution.  If the physician did not work at the institution for the entire span of an FTL, please attach an explanation.	#	From: ____/____/____ To: ____/____/____
	#	From: ____/____/____ To: ____/____/____
	#	From: ____/____/____ To: ____/____/____
	#	From: ____/____/____ To: ____/____/____
	#	From: ____/____/____ To: ____/____/____
	#	From: ____/____/____ To: ____/____/____
	#	From: ____/____/____ To: ____/____/____

I recommend the above-named physician for permanent Texas licensure and verify that the Texas Faculty Temporary License(s) issued was provided to fulfill teaching and clinical responsibilities at this institution. Furthermore, this physician's activities have demonstrated that their medical competence is substantially equivalent to that of a physician who has completed at least two years of training in an approved postgraduate residency program as described in section §161.15(b) of the Texas Medical Board's rules.

\_\_\_\_\_  
Dean or President (Signature)

\_\_\_\_\_  
Department Chairman (Signature)

\_\_\_\_\_  
Dean or President (Printed Name)

\_\_\_\_\_  
Department Chairman (Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date