



TEXAS MEDICAL BOARD

REQUEST FOR VERIFICATION OF STATUS TO ANOTHER REGULATORY BOARD

TO REQUEST A LICENSE OR APPLICATION VERIFICATION TO ANOTHER STATE REGULATORY BOARD, RETURN THIS COMPLETED FORM EITHER BY FAX TO (888) 512-2581; OR BY EMAIL ATTACHMENT (IN PDF FORMAT) TO: REGISTRATIONS@TMB.STATE.TX.US WITH THE SUBJECT LINE "LICENSE VERIFICATION". **PLEASE DO NOT SEND BOTH A FAX AND AN EMAIL.** LETTERS OF VERIFICATION ARE MAILED DIRECTLY TO THE BOARD OF YOUR REQUEST. PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR PROCESSING.

LICENSE / PERMIT INFORMATION (PLEASE PRINT)		
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	
License / Permit Number	Social Security Number (optional)	

BOARD INFORMATION (PLEASE PRINT)		

Name	_____	

Address	_____	

City / State / Zip Code	_____	

Board Contact Email (optional)	_____	

AUTHORIZATION		
I authorize the Texas Medical Board to provide any and all information pertaining to my license / permit or application for license / permit to the Board listed above.		

Signature	_____	Date

Location Address:
1801 Congress Ave, Suite 9-200
Austin, Texas 78701

Mailing Address:
P.O. Box 2029
Austin, Texas 78768-2029
www.tmb.state.tx.us

Contact Information:
Phone 512.305.7030
Registration Fax 888. 512.2581
registrations@tmb.state.tx.us