

**Form D**  
**Dean's Certification**  
Texas Medical Board  
Texas PA Board  
Texas State Board of Acupuncture Examiners

APPLICANT SECTION

**APPLICANT:**

Complete this section and the applicant signature section of this form and affix a photo below, before submitting this to your school.

Your Name \_\_\_\_\_

Return mailing address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TMB ID Number \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

DEAN or REGISTRAR SECTION

**DEAN or REGISTRAR:**

- Complete the bottom portion of this form. Submit the completed form:
- By mail – Place the completed form in an unopened school envelope and send to: Texas Medical Board, MC-240, P.O. Box 2029, Austin, TX 78768-2029
- By email – Dean or Registrar must email the form from an official program/school email address to [screen-cic@tmb.state.tx.us](mailto:screen-cic@tmb.state.tx.us). Emails sent from the applicant cannot be accepted. Only files attached as .pdf or .tif can be safely opened and drop boxes, secured emails, encrypted messages, or links to outside sites cannot be accepted.

I hereby certify that the Degree \_\_\_\_\_ was conferred upon  
(Name of Degree)

\_\_\_\_\_, by the \_\_\_\_\_  
(Name of Applicant) (School Name)

on \_\_\_\_\_ and that the photograph which appears below is a true  
(Full Date mm/dd/yyyy)

likeness of the applicant named above.

\_\_\_\_\_  
Dean/Registrar's Signature

\_\_\_\_\_  
Date

**Applicant:**

Affix a passport size  
photograph in this box  
prior to submitting to the  
school.