



TEXAS MEDICAL BOARD

REQUEST FOR VERIFICATION OF STATUS TO ANOTHER REGULATORY BOARD

TO REQUEST A LICENSE OR APPLICATION VERIFICATION TO ANOTHER STATE REGULATORY BOARD, PLEASE PROVIDE THE FOLLOWING INFORMATION AND FAX YOUR COMPLETED FORM TO (888) 512-2581.

LETTERS OF VERIFICATION ARE MAILED DIRECTLY TO THE BOARD OF YOUR REQUEST AND CANNOT BE FAXED OR EMAILED. 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 Line 1 | | |
| _____ | | |
| Address Line 2 | | |
| _____ | | |
| City / State / Zip Code | | |
| _____ | | |
| 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:
333 Guadalupe, Tower 3, Suite 610
Austin, Texas 78701

Mailing Address
P.O. Box 2029
Austin, Texas 78768-2029

Phone 512.305.7030
Fax 888.512.2581
Registrations@tmb.state.tx.us