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## **SURGICAL ASSISTANT LICENSURE**

Texas Medical Board  
P.O. Box 2029  
Austin, Texas 78768-2029

### **TEMPORARY LICENSE AFFIDAVIT**

**MY NAME** is \_\_\_\_\_  
PRINTED OR TYPED NAME OF APPLICANT

**MY ADDRESS** is \_\_\_\_\_  
\_\_\_\_\_

**I HAVE** applied to the Texas Medical Board for licensure. I have also requested that the Texas Medical Board issue to me a temporary license pending action by the board on my permanent Texas license. I am informed by the Executive Director of the Texas Medical Board that my application is incomplete; therefore, a thorough investigation of my qualifications for licensure is not possible at this time. I am aware that the Board may decline to issue me a permanent license. Nevertheless, I am requesting that the Executive Director of Texas Medical Board issue me a temporary license which I hereby agree to surrender voluntarily if it is later determined by the Executive Director of the Board, a committee of the Board, or by the Board itself that I am ineligible for permanent licensure or if the board under discretionary authority, declines to issue to me a permanent license. I further agree to appear personally before the Texas Medical Board if requested to do so and answer such questions as may be put to me by any Board member.

**I HEREBY** agree that I will voluntarily surrender my temporary license to the Texas Medical Board if they so request during the term of the temporary license, waiving all such rights to which I may be entitled under the provision of Texas Occupations Code Annotated Sections 206 (Vernons Pamph. 2000), including the filing of a complaint by the Board, notice of hearing, hearing before the Board, and all such rights to which I may be entitled under the applicable provisions of the Administrative Procedure and Texas Register Act. I further understand that the issuance of a temporary license in no way assures the issuance of a permanent license and that the issuance of a permanent license is discretionary with the Board, and that upon issuance of a permanent license the temporary license becomes null and void no matter the expiration date of the temporary license.

**I UNDERSTAND** and agree that without the execution of this affidavit, the Texas Medical Board will not issue me a temporary license pending final action on my application for licensure.

**EXECUTED** this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant