

**Texas Medical Board**  
**Licensure Applicants**  
**State License/Certification Verification Form**

**APPLICANT:** Complete the information in this box. DO NOT send this form to National/ABMS Boards or other National Credentialing agencies (e.g. – ARRT, NMTCB, NBRC)

Applicant's Current Full Name: \_\_\_\_\_ TMB ID Number: \_\_\_\_\_  
Printed

Applicant's Date of Birth: \_\_\_\_\_ Applicant Social Security Number: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of License/Certification: \_\_\_\_\_

State Licensed by: \_\_\_\_\_ License Number: \_\_\_\_\_

Application for licensure/certification in the State of Texas requires this form to be completed by all State Boards in which I hold or have held a license/certification. My signature below is your authorization to release all information in your files, favorable or otherwise, regarding myself.

**I authorize the release of all information in your files regarding myself to the Texas Medical Board.**

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

**State Licensing Authority:**

- The completed form should be sent directly to the Texas Medical Board offices via mail or email.
  - By mail placed in an official envelope and sent to: Texas Medical Board, P.O. Box 2029, Austin, TX 78768-2029
  - By email attached as a PDF or .tif document to [Screen-CIC@tmb.state.tx.us](mailto:Screen-CIC@tmb.state.tx.us)
- If you have any questions regarding how to complete this form, contact the Board at 512-305-7010.

State of \_\_\_\_\_ indicates that the above-named individual was issued

License/certificate number \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of License/Certification: \_\_\_\_\_

Current status of License/Certification is:

☐ Active ☐ Lapsed ☐ Inactive ☐ Denied\* ☐ Suspended\* ☐ Revoked\*

1. Has this individual been disciplined in the past? \* ☐ Yes ☐ No

2. Has this individual received non-disciplinary action and/or administrative action in the past? \* ☐ Yes ☐ No

**\*Please attach a copy of the Findings of Fact and Decision and Order with this form**

License/Certification based on:

☐ Education Requirements ☐ State Examination ☐ National Examination: \_\_\_\_\_

☐ Endorsement/Reciprocity with the state of: \_\_\_\_\_ ☐ Grandfather Requirements

**I certify that the above information is correct and true.**

**Name of Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_