



# TEXAS MEDICAL BOARD

Staple Check Here

**SERVICEMEMBER & SPOUSE**  
**PORTABILITY OF LICENSE ATTESTATION**  
Street Address: 1800 Congress Ave, Ste 9-200, Austin, TX 78701  
Mailing Address: PO Box 2029, Austin, TX 78768-2029  
Web: [www.tmb.state.tx.us](http://www.tmb.state.tx.us)

For agency use

4401 - \$21.00  
4403 - \$7.00

## INSTRUCTIONS:

- Allow at least 30 days for processing of application and fee.
- Complete the application and submit it with payment and the required documentation to the address above.
- **Staple a \$28.00 personal check, cashier's check or money order (payable through a US bank) to this form.**

Authorization to practice is valid for the duration of a servicemember's orders in Texas.

Full Name \_\_\_\_\_ SSN \_\_\_\_\_  
Print Name

Date of Birth \_\_\_\_\_ Alternate Name(s) (if applicable) \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

## Please check:

☐ Servicemember<sup>1</sup>

☐ Spouse of Servicemember

## Please check your license type.

☐ Physician (M.D.)

☐ Physician (D.O.)

<sup>1</sup> "Servicemember" is defined as a member of the uniformed services (Army, Navy, Air Force, Marine Corps, Space Force, Coast Guard, commissioned corps of the National Oceanic and Atmospheric Administration, or the commissioned corps of the Public Health Service). Service in the Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard must be in a Title 10 status. For National Guard members, service must be for a period of more than 30 consecutive days under Title 32 § 502(f), for purposes of responding to a national emergency declared by the President and supported by Federal funds. For commissioned officers in the Public Health Service or the National Oceanic and Atmospheric Administration, service must be considered active service.

Location Address:  
1800 Congress Ave, Suite 9-200  
Austin, Texas 78701

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

Phone 512.305.7030  
Licensure Fax 888.550.7516  
[www.tmb.state.tx.us](http://www.tmb.state.tx.us)



## TEXAS MEDICAL BOARD

I, \_\_\_\_\_, intend to practice in Texas and attest to the following:

- ☐ I hold the following active license(s), certificate(s), or permit(s) in the following state(s) or territory(s): Please attach additional pages if necessary.

State/Territory: \_\_\_\_\_ license number: \_\_\_\_\_

State/Territory: \_\_\_\_\_ license number: \_\_\_\_\_

State/Territory: \_\_\_\_\_ license number: \_\_\_\_\_

- ☐ My license(s), certificate(s), or permit(s) is not subject to any restriction, disciplinary order, probation, or investigation.
- ☐ I have submitted the following required documentation:
- If spouse of servicemember, a copy of the dependent identification card or proof of marriage; and
  - A copy of the servicemember's current orders assigning the servicemember to an installation in Texas
- ☐ I have actively practiced in my licensed profession in the last two years.
- ☐ I understand that while authorized to practice in Texas, I shall comply with all other laws and regulations applicable to practicing in Texas.
- ☐ I understand that once the Board receives this form, the Board will verify whether my license(s), certificate(s), or permit(s) in another state(s) or territory(s) is active and in good standing.
- ☐ I understand that this is not a Texas license. It is a recognition of my authorization to practice in Texas.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature (Required)**

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

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