



TEXAS MEDICAL BOARD

Staple Check Here

APPLICATION TO REQUEST CRIMINAL HISTORY EVALUATION LETTER

Mailing Address: P.O. Box 2029, Austin, TX 78768-2029

For agency use

**4405
\$100.00**

- Submit **PRIOR** to applying for licensure. Established applicants do not need to submit this letter.
- Allow 90 days for processing of application and fee.
- Complete the application, print, and submit it to the address above.
- Staple a \$100.00 personal check, cashier's check or money order (made out to the Texas Medical Board and payable through a US bank) to this form.
- Once your application is received you will be issued a six-digit ID number so that you can register to be fingerprinted. Fingerprinting services will be provided by IdentoGo by IDEMIA (formerly known as MorphoTrust USA, LLC) for a fee, payable directly to IdentoGo. For more information go to <http://www.tmb.state.tx.us/page/get-fingerprints>.
- Review rules relating to criminal history evaluation letters in Chapter 168 at <http://www.tmb.state.tx.us/page/board-rules>.

Name: Provide your name as it is listed on either your current driver's license issued by a state driver license bureau in the United States or your current passport.

| Last | First | Middle | Suffix |
|------|-------|--------|--------|
|------|-------|--------|--------|

Alternate Names:

Email Address:

Mailing Address:

Street Address

City

State

Zip

Date of Birth (mm/dd/yyyy):

Gender:

☐ Male

☐ Female

Provide a description of the convictions or deferred adjudication for felony or misdemeanor offenses that you want evaluated. Your application will not be processed without a description.

I request a criminal history evaluation letter for one of the following license types: (Circle One)

Physician

Physician in Training Permit

Physician Assistant

Acupuncturist

Medical Radiologic Technologist

Non-Certified Radiological Technician

Respiratory Care Practitioner

Medical Physicist

Perfusionist

I understand that the evaluation letter may not address evidence I do not disclose on this request, and that failure to provide complete and accurate information may invalidate any letter issued. I understand that the letter will not address other eligibility requirements. Further, I agree to provide all requested documentation within one year of this request or submit a new application and fee. I understand that any evaluation letter issued will be based on existing law at the time of the request, and that I remain subject to the requirements for licensure at the time of application.

Signature: _____

Date: _____

(original signature required)