



# TEXAS MEDICAL BOARD

## EXEMPTION FROM LICENSURE FOR MILITARY SPOUSES ATTESTATION

Authorization to practice is valid during the time the military service member to whom the military spouse is married is stationed at a military installation in Texas, but not to exceed three (3) years.

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

Please check your license or certification type.

- Medical Radiologic Technologist
- Non-Certified Radiologic Technician
- Respiratory Care Practitioner
- Medical Physicist
- Perfusionist
- Acudetox Specialist
- Acupuncturist
- Physician (M.D. or D.O)
- Physician Assistant

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), territory(s), Canadian province(s), or country(s): Please attach additional pages in necessary.  
State/Territory/Province/Country: \_\_\_\_\_ license number: \_\_\_\_\_  
State/Territory/Province/Country: \_\_\_\_\_ license number: \_\_\_\_\_  
State/Territory/Province/Country: \_\_\_\_\_ license number: \_\_\_\_\_
- I have attached a current copy of my Curriculum Vitae that lists all employment in the field indicated above for the past two years.
- 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:
  - Proof of residency in Texas;
  - A copy of my military dependent identification card;
  - Proof of the military member’s status as an active duty military service member<sup>1</sup>;
  - A copy of the military member’s current orders assigning the military member to a military installation in Texas; and
  - A copy of the NPDB/HIPDB self-query results report

<sup>1</sup> Active duty means current full-time military service in the armed forces of the United States or active duty military service as a member of the Texas military forces (includes state active duty, federally funded state active duty, or federal active duty, but not service performed exclusively for training, such as basic combat training, advanced individual training, annual training, inactive duty training, and special training periodically made available to service members), or similar military service of another state.



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- 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), territory(s), Canadian province(s), or country(s) is active and in good standing.
- I understand that the Board will determine whether the licensing or certification requirements in that jurisdiction are substantially equivalent to the requirements for licensure or certification in Texas.

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**Print Name**

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**Signature (Required)**

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**Date**

**Location Address:**  
333 Guadalupe, Tower 3, Suite 610  
Austin, Texas 78701

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

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