

Military Volunteer License Application

The Texas Medical Board may grant a two year Military Volunteer License to a physician who is licensed and in good standing, or was licensed and retired in good standing, as a physician in another state; and is or was authorized as a physician to treat personnel enlisted in a branch of the United States armed forces or veterans.

A physician may practice medicine under a license issued under this section only at a clinic that primarily treats indigent patients. The physician may not receive compensation for medical services rendered at the clinic.

Name: _____
First Middle Last Degree

Alternate Name(s): _____

Address _____

Email address _____

Social Security Number: _____

Date of Birth: _____ Place of Birth (State/Province/Country): _____

Medical School of Graduation: _____

Date of Graduation (mm/dd/yy): _____

Medical License Number(s) and State(s): _____

DEA Number: _____

Location Address:
1801 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

- 1) Do you hold a medical license that is currently under investigation? ☐ Yes ☐ No
- 2) Do you hold a medical license that is or was subject to a disciplinary order or action or to denial by another jurisdiction? ☐ Yes ☐ No
- 3) Do you hold a license to prescribe, dispense, administer, supply or sell a controlled substance that is currently under active investigation? ☐ Yes ☐ No
- 4) Do you hold a license issued to prescribe, dispense, administer, supply or sell a controlled substance that is subject to a disciplinary order or action or to denial by another jurisdiction? ☐ Yes ☐ No
- 5) Have you been convicted of, or under active investigation for the commission of a felony or a misdemeanor involving moral turpitude? ☐ Yes ☐ No

Name and Location Address for Proposed Practice Clinic:

I affirm that I intend to practice medicine in the clinic listed above, a clinic that primarily treats indigent patients; and that I will not receive compensation for medical services rendered at the clinic.

Applicant's Signature

Date

Required documentation, please submit the following with your application:

- If active duty, reserve, or National Guard: Copy of current original orders, including signature page(s).
- If inactive reserve, retired or veteran (separated from service): DD214
- Copy of military ID, passport, or birth certificate.

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