



TEXAS MEDICAL BOARD

Staple Check Here

TEXAS MEDICAL BOARD (TMB)
VISITING PROFESSOR TEMPORARY LICENSE APPLICATION

Street Address: 1801 Congress Ave, Ste 9-200, Austin, TX 78701

Mailing Address: PO Box 2029, Austin, TX 78768-2029

Web: www.tmb.state.tx.us

For agency use

4439
\$167.00

INSTRUCTIONS TO APPLICANT and MEDICAL SCHOOL/INSTITUTION:

- Allow at least 30 days for processing of application and fee.
Complete the application, print, and submit it to the address above.
Staple a \$167.00 personal check, cashier's check or money order in the left hand corner of this form. Must be payable through a US bank.

Form with fields: 1. Last, 2. First, 3. Middle, 4. Suffix, 5. Alternate Names, 6. Mailing Address, 7. Daytime Telephone Number, 8. Email Address, 9. Date of Birth, 10. Gender, 11. Place of Birth, 12. U.S. Social Security Number, 13. Name and address of requesting Texas teaching institution, 14. Faculty Department/Specialty, 15. Begin Date, End Date, Medical Education, 16. Medical School Code, 17. Degree Awarded, 18. Year degree was awarded.



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This is to certify that I accept the terms, limitations and conditions imposed by the Texas Medical Board on the medical activities of the Visiting Professor Temporary License as defined in Board rules 172.6.

Signature of Applicant: _____ **Date:** _____
(No rubber stamps or initials)

Printed Name: _____

Approved:

Signature of Chair of the Department _____ **Date:** _____
(No rubber stamps)

Printed Name: _____

Approved:

**Signature of the Dean of the Medical School
or President of the Institution:** _____ **Date** _____
(No rubber stamps)

Printed Name: _____



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DPS Computerized Criminal History (CCH) Verification

I, _____ have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

Signature of Applicant

Date

Texas Medical Board
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space
CCH Report Printed: YES ____ NO ____ initial
Purpose of CCH: Applicant background check
Date Printed: ____ initial
Destroyed Date: ____ initial
Retain in your files