



TEXAS MEDICAL BOARD

Military Applicant Fee Waiver Request Form

Applicant Name: _____

Please print your full name as it will appear on your application

Applicant Address: _____

Applicant Email: _____ SSN# _____ DOB _____

Application Type:

<input type="checkbox"/> Physician <i>Indicate Physician License Type Below:</i>		
<input type="checkbox"/> Full (M.D. or D.O.)	<input type="checkbox"/> Out of State Telemedicine License	<input type="checkbox"/> Administrative Medicine
<input type="checkbox"/> Faculty Temporary (FTL)	<input type="checkbox"/> Physician in Training (PIT)	<input type="checkbox"/> Provisional License
<input type="checkbox"/> Physician Public Health	<input type="checkbox"/> Medical License Limited to Underserved Areas	<input type="checkbox"/> Conceded Eminence
<input type="checkbox"/> Visiting Physician Temporary Permit	<input type="checkbox"/> Visiting Professor Temporary Permit	<input type="checkbox"/> Military Limited Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Respiratory Care Practitioner	<input type="checkbox"/> Perfusionist
<input type="checkbox"/> Acudetox Specialist	<input type="checkbox"/> Non-certified Radiologic Technician(NCT)	<input type="checkbox"/> Medical Physicist
<input type="checkbox"/> Acupuncturist	<input type="checkbox"/> Medical Radiologic Tech (MRT)	<input type="checkbox"/> Surgical Assistant

Please check the appropriate box below:

I am a:

- Military Service Member (Active Duty)
 Military Spouse
 Military Veteran

Documentation provided: *(Please provide copies of documentation, no originals)*

- Copy of passport or birth certificate, which is acceptable as required birth documentation after submission of an application for licensure with our agency; or
 Copy of State Issued Driver's License, which can ONLY be used as proof of identity for Military Fee Waiver determination

And:

- DD2-14; or
 Copy of current original orders, including signature page(s)

Upon receipt of your request with noted documentation, the Licensure Department will evaluate the documentation and provide either a written approval which includes instructions on how to apply or a statement as to why the waiver request is being denied.

Signature (Required): _____

Signature

Date

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
Fax 888.790.0621
Licensure Fax 888.550.7516