



TEXAS MEDICAL BOARD  
**MILITARY SERVICEMEMBER, SPOUSE, or VETERAN ATTESTATION**

I, \_\_\_\_\_, am applying for a license in Texas and attest to the following:  
(print full name)

- ☐ I am the person described and identified in the application.
- ☐ All statements in the application are true, correct, and complete.
- ☐ I understand the scope of practice for the applicable license in this state and will not perform outside of that scope.
- ☐ I am in good standing in each state listed below in which I hold or have held an applicable license:  
Please attach additional pages if necessary.

State/Territory: \_\_\_\_\_ license number: \_\_\_\_\_

State/Territory: \_\_\_\_\_ license number: \_\_\_\_\_

State/Territory: \_\_\_\_\_ license number: \_\_\_\_\_

- ☐ I hold a license(s) that is current, has not been suspended or revoked, and has not been voluntarily surrendered during an investigation for unprofessional conduct.
- ☐ I have not been disciplined by the licensing authority with respect to the license or my practice of the occupation for which the license is issued.
- ☐ I am not currently under investigation by the licensing authority for unprofessional conduct related to the license or profession.

\_\_\_\_\_  
**Applicant's Name** (print)

\_\_\_\_\_  
**Signature** (Required)

\_\_\_\_\_  
**Date**

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

Sworn to and acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, by \_\_\_\_\_  
(Name of Principal Signer).

\_\_\_\_\_  
Signature of Notary Public

(Notary Seal)

Location Address:  
1800 Congress Ave, Suite 9-200  
Austin, Texas 78701

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

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