



TEXAS MEDICAL BOARD

REQUEST FOR VERIFICATION OF STATUS TO ANOTHER REGULATORY BOARD

TO REQUEST A LICENSE OR APPLICATION VERIFICATION TO ANOTHER STATE REGULATORY BOARD, PLEASE PROVIDE THE FOLLOWING INFORMATION AND FAX YOUR COMPLETED FORM TO (888) 512-2581. LETTERS OF VERIFICATION ARE MAILED DIRECTLY TO THE BOARD OF YOUR REQUEST AND CANNOT BE FAXED OR EMAILED. PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR PROCESSING.

LICENSE / PERMIT INFORMATION (PLEASE PRINT)		
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	
License / Permit Number	Social Security Number (optional)	
BOARD INFORMATION (PLEASE PRINT)		

Name		

Address Line 1		

Address Line 2		

City / State / Zip Code		

AUTHORIZATION		
I authorize the Texas Medical Board to provide any and all information pertaining to my license / permit or application for license / permit to the Board listed above.		

Signature		Date

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

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

Phone 512.305.7030
Fax 888.512.2581
Registrations@tmb.state.tx.us