



TEXAS MEDICAL BOARD

PHYSICIAN IN TRAINING
CHANGE OF ADDRESS FORM

At this time, physician in training (PIT) permit holders are not able to use the online Change of Address option, and will be required to submit a hard copy form. In order to assure that you receive all communications from this office, please notify us of all address changes.

1. Please check your status with the board and print your permit number clearly if you have one.

- I have a current physician in training (PIT) permit #
I have an PIT application in progress.
Other (explain):

3. Please print or type your new information.

Name:
Same name as used on your application

New Mailing Address:

New Practice Address:

Street

Street

Suite, Apt or Unit #

Suite, Apt or Unit #

City, State & Zip

City, State & Zip

Date change becomes effective:

- Duplicate permit requested.

4. Signature (Required):
Signature Date

5. Mail or Fax to:
Texas Medical Board
P.O. Box 2029, MC 245
Austin, Texas 78768-2029
Fax: (888) 512-2581

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

Mailing Address:
P.O. Box 2029 MC 245
Austin, Texas 78768-2029
www.tmb.state.tx.us

Contact Information:
Phone 512.305.7030
Registration Fax 888. 512.2581
registrations@tmb.state.tx.us