



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

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

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