



TEXAS MEDICAL BOARD

EMERGENCY VISITING PRACTITIONER TEMPORARY PERMIT

Check one of the following that applies to the Visiting Practitioner:

Physician Assistant	___	Perfusionist	___
Medical Radiological Technician	___	Medical Physicist	___
Respiratory Care Practitioner	___	Surgical Assistant	___

Visiting Practitioner's Information

Name: _____

Social Security #: _____

Permit/License Number(s) and State(s) held: _____

Texas Based Supervising Healthcare Practitioner (must be physically located in Texas to sponsor)

Name: _____ Texas license type/number: _____

Current Texas Practice Address: _____
_____, TX

Telephone Number: _____ Email Address: _____

Location of Intended Practice

Hospital/Facility Name: _____

Complete Address: _____
_____, TX

Texas Sponsoring Physician's Signature:

I affirm that I will be the supervisor/sponsor for the reported Out-of-State Practitioner that has agreed to provide healthcare services under the Emergency Visiting Practitioner Temporary Permit as part of disaster relief efforts.

Applicant's Signature

Date

Emergency Visiting Practitioner Temporary Permit is valid for no more than thirty (30) days from the date the physician is licensed or until the emergency or disaster declaration has been withdrawn or ended, whichever is longer.

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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