

**FORM D**  
**Dean's Certification**  
Texas Medical Board  
Texas PA Board  
Texas State Board of Acupuncture Examiners

APPLICANT SECTION

**APPLICANT:**

Complete this section and the applicant signature section of this form and affix a photo below, before submitting this to your school

**Your Name** \_\_\_\_\_

**Return mailing address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Daytime phone number** \_\_\_\_\_

DEAN'S SECTION

**DEAN:**

- Complete the bottom portion of this form and affix a school seal on the photo below.
- Please return it to the applicant named above with an original certified transcript of the applicant's courses and grades in an unopened school envelope.
- The school seal or school official's signature must be affixed across the envelope seal.

I hereby certify that the Degree \_\_\_\_\_ was conferred upon  
(Name of Degree)

\_\_\_\_\_, by the \_\_\_\_\_  
(Name of Applicant) (School Name)

on \_\_\_\_\_ and that the photograph which appears below is a true  
(Full Date mm/dd/yyyy)  
likeness of the applicant named above.

\_\_\_\_\_  
**Dean's Signature**

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

**Applicant:**

Affix a passport size  
photograph in this box  
prior to submitting to the  
school.

School Seal must be imprinted  
on the photograph

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name