

## Military Limited Volunteer License Application

The Texas Medical Board may grant a Military Limited Volunteer License to a physician who is licensed and in good standing, or was licensed and retired in good standing, as a physician in another state; and is or was authorized as a physician to treat personnel enlisted in a branch of the United States armed forces or veterans. The Military Limited Volunteer License authorizes the physician to practice medicine in a clinic that primarily treats indigent populations; and the license holder may not receive direct or indirect compensation or payment of anything of monetary value in exchange for the medical services rendered to the indigent patients at the clinic.

Name: \_\_\_\_\_  
First Middle Last Degree

Alternate Names: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (State/Province/Country): \_\_\_\_\_

Medical School of Graduation: \_\_\_\_\_

Date of Graduation (mm/dd/yy): \_\_\_\_\_

Medical License Number(s) and State(s): \_\_\_\_\_  
\_\_\_\_\_

DEA Number: \_\_\_\_\_

- 1) Are you currently under investigation by a state of the United States, a province of Canada, or a uniformed service of the United States?  Yes  No
- 2) Are you now or have you ever been restricted, cancelled, suspended, revoked, or subject to other discipline or denial of licensure by a state of the United States, a province of Canada, or a uniformed service of the United States?  Yes  No

Location Address:  
1801 Congress Ave, Suite 9-200  
Austin, Texas 78701

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

Phone 512.305.7030  
Fax 888.790.0621  
Licensure Fax 888.550.7516

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- 3) Do you hold a license issued by the Drug Enforcement Agency or a state public safety agency to prescribe, dispense, administer, supply, or sell a controlled substance that is currently under investigation by a state of the United States, a province of Canada, or a uniformed service of the United States?  Yes  No
- 4) Do you hold a license issued by the Drug Enforcement Agency or a state public safety agency to prescribe, dispense, administer, supply, or sell a controlled substance that is or was restricted, cancelled, suspended, revoked, or subject to other discipline or denial by a state of the United States, a province of Canada, or a uniformed service of the United States?  Yes  No
- 5) Are you currently under investigation or have you ever been convicted of, or placed on deferred adjudication, community supervision, or deferred disposition for a felony or a misdemeanor involving moral turpitude?  Yes  No

Name and Location for Proposed Practice Clinic: \_\_\_\_\_

\_\_\_\_\_

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I affirm that I intend to practice medicine in the clinic listed above, a clinic that primarily treats indigent populations; and that I will not receive direct or indirect compensation or payment of anything of monetary value in exchange for the medical services rendered to the indigent patients at the clinic.

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

\_\_\_\_\_  
Date

### Required documentation, please submit the following with your application:

- If active duty, reserve, or National Guard: Copy of current original orders, including signature page(s).
- If inactive reserve, retired or veteran (separated from service): DD214
- Copy of military ID, passport, or birth certificate.

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