



TEXAS MEDICAL BOARD

Staple Check Here

APPLICATION TO REQUEST PRE-LICENSURE CRIMINAL HISTORY EVALUATION

Mailing Address: P.O. Box 2029, Austin, TX 78768-2029

For agency use

4405
\$100.00

- Submit PRIOR to applying for licensure. Established applicants do not need to submit this request.
Allow 90 days for processing of application and fee.
Complete the application, print, and submit it to the address above.
Staple a \$100.00 personal check, cashier's check or money order (made out to the Texas Medical Board and payable through a US bank) to this form.
Once your application is received you will be issued a six-digit ID number so that you can register to be fingerprinted.
Review rules relating to criminal history evaluation letters in Chapter 161, Subchapter A.

Name: Provide your name as it is listed on either your current driver's license issued by a state driver license bureau in the United States or your current passport.

Table with 4 columns: Last, First, Middle, Suffix

Alternate Names:

Email Address:

Mailing Address:

Street Address City State Zip

Table with 3 columns: Date of Birth (mm/dd/yyyy), Social Security Number, Gender (Male/Female)

Provide a description of the convictions or deferred adjudication for felony or misdemeanor offenses that you want evaluated. Your application will not be processed without a description.

Three horizontal lines for providing a description of convictions or deferred adjudication.

I request a criminal history evaluation letter for one of the following license types: (Circle One)

Table listing license types: Physician, Physician in Training Permit, Physician Assistant, Acupuncturist, Medical Radiologic Technologist, Non-Certified Radiological Technician, Respiratory Care Practitioner, Medical Physicist, Perfusionist

I understand that the evaluation letter may not address evidence I do not disclose on this request, and that failure to provide complete and accurate information may invalidate any letter issued. I understand that the letter will not address other eligibility requirements. Further, I agree to provide all requested documentation within one year of this request or submit a new application and fee. I understand that any evaluation letter issued will be based on existing law at the time of the request, and that I remain subject to the requirements for licensure at the time of application.

Signature: _____ Date: _____

(original signature required)