

### THIRD PARTY COMPLETION AFFIDAVIT

MY NAME is \_\_\_\_\_

My address is \_\_\_\_\_

Application Type (eg – Physician Full, MRT temp, Acu): \_\_\_\_\_

When I applied to the Texas Medical Board (Board) for licensure, I did not complete the application form myself; it was completed for me by a third party. Therefore, the attestation contained in the application was invalid.

I have since reviewed my application and I affirm that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein, and evidence or other credentials submitted herewith, are true and correct; that I am the lawful holder of either a medical professional degree or certified training certificate as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, was procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder thereof.

Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business or professional associates (past, present and future) and all governmental agencies (local, state, federal, or foreign) to release to the Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application, necessary to determine my competence, professional conduct, or physical and/or mental ability to safely engage in the practice of medicine. I further authorize the Board or its successors to release to the organizations, individuals, or groups listed above, any information, which is material to this application, or any subsequent licensure.

I hereby affirm that I will provide the Board with updated information to be received by the Board within 15 days of my becoming aware of any event that occurs after submission of my application that renders any response, although complete and correct when made, no longer complete or correct. Further, failure to provide updates may result in an adverse action against my application.

**I understand that falsification or misrepresentation of any item or response on this application or any supplemental information is a sufficient basis for denying my application, revoking my license, a determination of ineligibility, or another adverse action against my application or revoking my license after issuance.**

EXECUTED this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature