



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157

www.tdlr.texas.gov



## CERTIFICATE OF ACCEPTANCE FOR POSTGRADUATE TRAINING PROGRAM

**IMPORTANT NOTICE:** Completion of this form is required every year for licensure. This form must be completed and signed by the residency director of the postgraduate training program that has accepted the applicant for residency training.

**THIS FORM MUST BE SUBMITTED EVERY YEAR BEFORE A TEMPORARY LICENSE WILL BE ISSUED**

1. Applicant Name:

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Sø•c Øil•c Tiaâ|^ Ú•-îç

2. Applicant Date of Birth:

\_\_\_\_\_  
Month/Day/Year

3. Applicant Social Security Number:

\_\_\_\_\_  
See Instruction Sheefor Disclosurdnformation

4. Applicant Address:

\_\_\_\_\_  
Street Number and Name CE]œÚc^BÓ]âg Ôæ^Á Úcæc^Á Zi]iÓ[á^Á

5. Applicant Maiden or Given Surname:

6. Residency Program Name:

7. Beginning Date:

\_\_\_\_\_  
Month/Day/Year

8. Ending Date:

\_\_\_\_\_  
Month/Day/Year

9. Business Address:

\_\_\_\_\_  
P.O. Box, Number, Street Name, City, State, ip Code

10. Business Telephone Number:

\_\_\_\_\_  
(Area Code) Phone Number

11. Home Telephone Number:

\_\_\_\_\_  
(Area Code) Phone Number

I do hereby declare that the above-named applicant has been accepted for postgraduate training as indicated above.

\_\_\_\_\_  
Print Name of Residency Director

\_\_\_\_\_  
Signature of Residency Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date