The following requirements **MUST** be submitted prior to issuance of a **TEMPORARY RESIDENCY LICENSE** to practice podiatric medicine in Texas. A license will not be issued until **ALL** requirements are met. The practice of podiatric medicine without an appropriate license issued by the Texas Department of Licensing and Regulation (TDLR) is a criminal violation of Texas law.

**CHECKLIST AND REQUIREMENTS OF TEMPORARY RESIDENCY LICENSURE**

To be eligible for a temporary residency license to practice podiatric medicine in Texas, you must have graduated from an approved college or school of podiatric medicine. A list of approved colleges/schools can be located on the Department’s website at: [www.tdlr.texas.gov](http://www.tdlr.texas.gov).

In addition, you **MUST** meet the following requirements and **SUBMIT** the appropriate documentation:

(1) Complete application form.

(2) Applicants must have passed the examinations, Part I and II, administered by the National Board of Podiatric Medical Examiners. You must request score reports and have them sent directly to TDLR.

   - **Verification by the National Board of Podiatric Medical Examiners (NBPME).** Complete and forward to the NBPME with their processing fee and the year of your graduation. You may request your Part I and II score report directly from the NBPME website at [www.apmle.com](http://www.apmle.com). Official scores for Parts I and II must be sent directly to TDLR from the NBPME.

(3) Submit information regarding residency program.

   - **Certificate of Acceptance for Postgraduate Training Program.** Completed and signed by the residency director of the postgraduate training program that has accepted the applicant for residency training.

   - **Memorandum of Understanding for Approved Residency Program (Form P6).** Complete form and return to TDLR.

(4) Applicants must be fingerprinted and obtain criminal record clearance from the Texas Department of Public Safety and the Federal Bureau of Investigation.

**FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS:** The DPS has entered an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through DPS Fingerprint Applicant Services of Texas (FAST) locations operated by IdentoGO. FAST are available by scheduling an appointment on-line at [https://uenroll.identogo.com/servicecode/11G7T5](https://uenroll.identogo.com/servicecode/11G7T5) or by calling 1-888-467-2080. DPS FAST locations operated by IdentoGO are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. See the Procedures to Access Criminal History Record Information from DPS and the FBI. Applicants are responsible for all fingerprinting fees.

(5) Submit an official transcript verifying that your podiatric medical degree has been conferred, or submit completed and signed Verification of DPM Degree form.

   - **Official transcript.** Submit official transcript from the podiatric medical school/college showing degree conferred to TDLR.

   - **Verification of DPM Degree.** The form must be completed by the podiatric school/college and returned directly to TDLR.
(6) Proof of successfully completing a course in cardiopulmonary resuscitation (CPR). Provide a copy of a current CPR card or certification.

(7) Submit “Self-Query” Report from the National Practitioner Data Bank (NPDB-HIPDB).

- **Report from National Practitioner Data Bank (NPDB-HIPDB).** You must initiate this required Self-Query by accessing the NPDB-HIPDB website at [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov). *(Report MUST list EVERY state where you have held a license, Permanent, Temporary, Resident, etc.)* The NPDB-HIPDB report will then be sent directly to you and must be forwarded from you to us, along with the Affidavit of Non-Falsification of Records (Form P9). **Please Note – This must be completed even if you have never held a license. We need all of the pages that are sent to you including the one that states “End of Document” for the Report to be considered complete.**
**TEMPORARY RESIDENCY LICENSE APPLICATION**

Read all instructions prior to completing this application. All questions on this application must be answered, and all supporting documents must be submitted with this application.

**You must submit your NPDP-HIPDB inquiry report directly to the Texas Department of Licensing and Regulation.**

*Application fee: $125.00 (Fees are Non Refundable)*

1. **Full Legal Name**  ________________________________________________________________________________
   (Last, First, Middle name must be given in full, initials not acceptable)

2. **Other Names you have used:** ________________________________________________________________________

3. **Mailing Address**  ________________________________________________________________________________
   (Give in full, City, County, State, Zip Code, and Country)

4. **Telephone #** ______________________________

5. **E-mail Address:** ______________________

6. **Social Security #** ________-_________-________

7. **Date of Birth:** _________/________/__________

8. **Sex:** □ Female □ Male

9. **If you have ever held a Texas DPM license please list type and license #:** ____________________________________

**EDUCATION**

10. List the name, address and attendance information for all undergrad schools.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Period of Attendance</th>
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<tr>
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<td>From (Mo/Yr)</td>
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11. List name, address and attendance information of all schools where professional podiatry instruction was received.

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<th>Name</th>
<th>Address</th>
<th>Period of Attendance</th>
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12. **Doctor of Podiatric Medicine Degree granted by** (submit official transcript showing degree conferred):

<table>
<thead>
<tr>
<th>Name of Podiatric Medical School</th>
<th>Address of School</th>
<th>Exact Date of Issuance</th>
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13. Applicants must have passed the examinations, Part I and II, administered by the National Board of Podiatric Medical Examiners. You must request score reports and have them sent directly to TDLR.

**REQUESTS FOR NBPME SCORES (PARTS I & II)**

<table>
<thead>
<tr>
<th>Requesting Scores by Mail at:</th>
<th>Scores may also be ordered online at:</th>
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<tbody>
<tr>
<td>PROMETRIC/NBPME</td>
<td><a href="http://WWW.APMLE.COM">WWW.APMLE.COM</a></td>
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<tr>
<td>7941 CORPORATE DRIVE</td>
<td></td>
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<td>NOTTINGHAM, MD 21236</td>
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<tr>
<td>(877) 302-8952</td>
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14. Applicants are required to be currently participating in a residency program or fellowship approved by the Council of Podiatric Medical Education. Provide information below and submit a Certificate of Completion or letter from the residency director with start and end dates of residency program.

<table>
<thead>
<tr>
<th>A. Name of Residency or Sponsoring Institution (please list all surgical &amp; non-surgical)</th>
<th>City, State</th>
<th>Type of Residency</th>
<th>Dates Attended (or Date to Complete)</th>
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<td>PSR</td>
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<tr>
<th>B. Name of Fellowship or Sponsoring Institution</th>
<th>City, State</th>
<th>Type of Fellowship</th>
<th>Dates Attended</th>
<th>From:</th>
<th>To:</th>
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</table>

15. Have you been enrolled in another residency program in another state?  
- Yes  
- No

If YES, complete the information below.

<table>
<thead>
<tr>
<th>State</th>
<th>Name of Residency Program</th>
<th>Dates of Enrollment</th>
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16. All applicants must have successfully completed a course in cardiopulmonary resuscitation (CPR). Provide a copy of a current CPR card or certification.

**IF THE ANSWER TO ANY OF THE QUESTIONS BELOW (#’s 17-24) IS “YES,” YOU MUST SUBMIT A FULL AND COMPLETE EXPLANATION. INCLUDE CERTIFIED COPIES OF ALL APPLICABLE COURT RECORDS AND/OR OTHER LEGAL DOCUMENTS, INCLUDING ALL STATEMENTS OF DISPOSITION, RELIEF FROM DISABILITIES, CERTIFICATION OF CONDUCT OR OTHER DOCUMENTS.**

17. Have you been disciplined or charged with unprofessional conduct or any other unlawful activity by any healing arts licensing authority or by the U.S. Military, U.S. Public Health Service or other U.S. Federal government entity and are waiting final disposition by that body?  
- Yes  
- No

If Yes, complete and submit the Disciplinary Action Questionnaire.

18. Have you ever been denied a license, had your license cancelled, suspended or revoked or permission to practice podiatric medicine or any other healing arts in any state, country, or U.S. federal jurisdiction?  
- Yes  
- No

If Yes, complete and submit the Disciplinary Action Questionnaire.
19. Have you ever had staff privileges in a hospital or other health care facility denied, suspended or revoked, or resigned from a medical staff in lieu of disciplinary action?

- Yes
- No

If YES, please explain on a separate sheet of paper.

20. Has a claim or action for damages ever been filed against you in the course of practice of podiatric medicine or any other healing art which resulted in a malpractice settlement, judgment, or arbitration award of over $70,000.00?

- Yes
- No

If YES, please explain on a separate sheet of paper.

21. Are you now, or were you in the past, addicted to or treated for addiction to chemical or controlled substances or have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?

- Yes
- No

If YES, please explain on a separate sheet of paper.

22. Have you ever been arrested, convicted of or pled nolo contendere to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of controlled substances, or to drug addiction?

- Yes
- No

If YES, complete and submit the Criminal History Questionnaire.

23. Have you ever been arrested, convicted of, or pled nolo contendere to any offense, misdemeanor or felony of any city, state, the United States, or a foreign country? (except violations of traffic laws resulting in fines of $500.00 or less).

- Yes
- No

If YES, complete and submit the Criminal History Questionnaire.

YOU ARE REQUIRED TO LIST ANY ARREST AND CONVICTION INFORMATION PURSUANT TO SECTION 53.021 & 202.253 TEXAS OCCUPATIONS CODE OR UNDER ANY OTHER PROVISION OF LAW

24. Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety, including but not limited to, any of the following?

- Yes
- No

If YES, please check the appropriate box(es) below:

- A condition which required admission to an inpatient psychiatric treatment facility.
- Alcohol or chemical substance dependency or addiction.
- Emotional, mental or behavioral disorder.
- A physical disorder
- Other (explain): _______________________________________________________________________________

APPLICANT’S AFFIDAVIT

I __________________________________________________________________________________________ hereby certify under oath, that I am at least twenty-one years of age, and; that I am the person named in this application for a license to practice Podiatric Medicine in the State of Texas, and; that all statements herein are made as a basis of consideration for the Texas Department of Licensing and Regulation, to accept and consider as facts which concern my moral character, professional history and physical qualifications for the rights and privileges of a license to practice Podiatric Medicine in the State of Texas, all of which are true and correct. voluntarily pledge to refrain from dishonest or fraudulent methods in taking the examination and to refrain from unethical, immoral or unprofessional conduct in my practice. I shall not by any method, or deceptive means make use of misrepresentations, misleading or untruthful statements to the public or my patients, or in my advertising, on my professional cards, stationary, directories or any other medium. I hereby agree, that the violation of this pledge, or any of the provisions of the Podiatric Medical Practice Act of Texas (Section 202.253 and Section 202.501), the Penal Code of Texas (penalty of perjury) shall constitute sufficient cause for the denial, suspension, cancellation or revocation of the license granted to me, and I hereby authorize and grant the Texas Department of Licensing and Regulation the withdrawal of all rights and privileges accruing to me thereunder.

I authorize the release of any information or records held by any individual or agency, relative to my training and qualifications as a Doctor of Podiatric Medicine upon request by the Department for use in evaluating my file.

Signature of Applicant ___________________________ Date: ______________________

When completed mail this application to:
TxDLRLicenseMailingP.O.Box12057,Austin,Texas78711-2057
PHONE: (800) 803-9202 ● (512) 463-6599 ● FAX: (512) 475-2871

TDLR Form POD006 September 2017
MEMORANDUM OF UNDERSTANDING FOR
APPROVED RESIDENCY PROGRAM

I, ____________________________________________________________, have accepted a residency with ___________________________________________________________. I am fully aware that the residency program is an approved program with the Council of Podiatric Medical Education, thereby meeting the postgraduate training requirements for licensure in Texas.

I am further aware that after completing and filing a licensure application, I will be issued a Temporary license by the Texas Department of Licensing and Regulation for practice only in the above-designated residency program. Should I leave the program at any time prior to the expiration date of the Temporary license, I will upon that date of departure surrender my Temporary license to the Texas Department of Licensing and Regulation. I am entering this program with the full knowledge that if I should not satisfactorily complete the program, no time spent in the postgraduate training program will be credited towards the Texas licensure requirement.

I certify under penalty of perjury under the laws of the State of Texas to the truth and accuracy of the above information.

__________________________________ ______________________________ _____/_____/_____
Signature of Applicant            Print Name     Date

P6
TO APPLICANT: Complete this section and submit this form to the Podiatry School you graduated from. THIS FORM WILL NOT BE ACCEPTED IF RETURNED BY THE APPLICANT

I am applying for licensure as a Doctor of Podiatric Medicine in the State of Texas. Please provide the following information, with my permission, to the Texas Department of Licensing and Regulation. This information needs to be sent directly to the Department at the address listed at the top of this form.

Name of Institution

Student Name __________________________________________

Social Security # __________________________________________

Signature __________________________

Date __________________________

TO REGISTRAR OR PROGRAM DIRECTOR: (NOTE: This form must be completed AFTER graduation from podiatry school. The purpose of this form is to affirm/evidence that the applicant has fully graduated and therefore it cannot be completed prior to the actual date of graduation.) To avoid delay to applicant, please complete all sections below and send this form directly to the Department at the above address as soon as possible.

1. Beginning & ending dates of attendance in this program:

   From _______/_____/______ To _______/_____/______

   Month Day Year Month Day Year

2. Date that Degree was conferred: _______/_____/______

   Month Day Year

I do hereby certify that all information is complete and correct to the best of my knowledge.

Name of School Official completing this form (PLEASE PRINT) __________________________

Date __________________________

(Seal) __________________________

Signature of School Official completing this form __________________________

Phone Number __________________________

Title __________________________

TDLR Form POD006 September 2017
### CERTIFICATE OF ACCEPTANCE FOR POSTGRADUATE TRAINING PROGRAM

**IMPORTANT NOTICE:** Completion of this form is required 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.

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<th>1. NAME: LAST</th>
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<th>MIDDLE</th>
<th>2. DATE OF BIRTH</th>
<th>3. SOCIAL SECURITY NUMBER</th>
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<th>4. ADDRESS: STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>5. MAIDEN OR GIVEN SURNAME</th>
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<th>A. RESIDENCY PROGRAM NAME</th>
<th>B. BEGINNING DATE</th>
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<th>C. BUSINESS ADDRESS: STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>D. ENDING DATE</th>
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<th>F. HOME TELEPHONE NUMBER</th>
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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

**THIS FORM MUST BE SUBMITTED WITH THE APPLICATION BEFORE TEMPORARY LICENSE WILL BE ISSUED**
FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS: The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through DPS FAST locations operated by IdentoGO. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at https://uenroll.identogo.com/servicecode/11G7T5 or by calling 1-888-467-2080. DPS FAST locations operated by IdentoGO are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses.

1. SCHEDULING YOUR FINGERPRINT APPOINTMENT:
Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at https://uenroll.identogo.com/servicecode/11G7T5 or by calling 1-888-467-2080.

**When Scheduling Online:**
- a) Select Schedule Appointment.
- b) Follow the prompts to enter requested information.
- c) Select a location nearest to you and a convenient date and time.
- d) Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

**When Scheduling Over The Phone:**
- a) Have the Texas Fingerprint Service Code form before calling.
- b) MorphoTrust will prompt you for the service code.
- c) The service code for a personal review is 11G7T5
- d) The call center operator will ask you for your demographic information, i.e. Date of Birth, Sex, Race, Ethnicity, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.
- e) You will select a location nearest to you for your fingerprint appointment.
- f) Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

2. YOUR FINGERPRINT APPOINTMENT:
- a) Arrive at your scheduled appointment with your photo identification and fee payment
- b) If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety’s acceptable document types here: http://www.l1enrollment.com/state/forms/tx/55fc619a7f7aa.doc
- c) MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
  
  *Please note that personal checks and cash will not be accepted.*
- d) Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
- e) At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
  - a) Do not throw away the receipt
  - b) You may check status on your submission by clicking on this link: https://uenroll.identogo.com/servicecode/11G7T5

TDLR Form POD006 September 2017
Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

FINGERPRINTS SUBMITTED BY MAIL THROUGH MORPHOTRUST: The following process must be followed to submit fingerprint hard cards to MorphoTrust. The results will be mailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-5079.

3. PRE-ENROLL YOUR FINGERPRINT HARD CARD SUBMISSION:

Online Registration:

a) You may begin the process now by clicking on this link: https://uenroll.identogo.com/servicecode/11G7T5
b) Choose “Submit a Fingerprint Card by Mail”
c) Complete Person Information and Designated Recipient screens
d) Complete payment screen
e) Print the confirmation document (contains bar code)
f) Sign the waiver and fill in contact information

Telephone Registration:

a) You may contact MorphoTrust at 888.467.2080
b) Please have the TX Fingerprint Service Code form before you call –MorphoTrust will prompt you for the Service Code
c) Your Service Code is 11G7T5
d) Inform the MorphoTrust representative that you wish to pre-enroll for a “hard card submission”.
e) Once payment is complete a summary confirmation document will be emailed to you
f) Print the confirmation document, sign the waiver and fill in the contact information
g) Once you have obtained your fingerprint cards, follow mail-in directions on the confirmation page.

PAY BY CREDIT CARD, BUSINESS CHECK OR MONEY ORDER:

- During your registration you will be provided an opportunity to make your payment by credit card or to elect to mail in your payment by business check or money order made out to MorphoTrust USA with your submission.

* No Personal Checks will be accepted

4. COMPLETE THE FINGERPRINT CARD:

Following information regarding person whose record is to be searched, must be completed on the fingerprint card:

a) Printed last name, first name, middle name of individual, including all alias names.

b) Sex, race, date of birth, Social Security Number.

c) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit https://uenroll.identogo.com/servicecode/11G7T5 or call 1-888-467-2080 to locate a FAST provider near you. Individual’s signature must be on the fingerprint card.

The cost for obtaining an ink card may vary and is not included in the Texas Background check fingerprint registration process or fee. Cards must be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.

5. SUBMISSION:

Mail the completed Personal Review Service Code Form, completed fingerprint card and payment (if applicable) to:

MorphoTrust USA Texas Card Scan
3051 Hollis Dr, Ste 310
Springfield, IL 62704

Revised 4/16
Service Name: Dept of Licensing & Regulation-Podiatry

To schedule your ten-minute fingerprint appointment, simply visit https://uenroll.identogo.com and enter the following Service Code

11G7T5

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Criminal History Check Authorization

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI’s permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI’s Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26305.

Don’t have access to the Internet? You can still schedule an appointment by calling 888.467.2080