TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

MEMORANDUM OF UNDERSTANDING FOR APPROVED RESIDENCY PROGRAM
(Required for first year applicants only)

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