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:

Last | First | Middle | Suffix

2. Applicant Date of Birth:

MM/DD/YYYY

3. Applicant Social Security Number:

See Instruction Sheet for Disclosure Information

4. Applicant Address:

Street Number, Name, Apt/Ste Number | City | State | Zip Code

5. Applicant Maiden or Given Surname:

6. Residency Program Name:

7. Beginning Date:

MM/DD/YYYY

8. Ending Date:

MM/DD/YYYY

9. Business Address:

Street Number, Name, Apt/Ste Number | City | State | Zip 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