



TEXAS DEPARTMENT OF LICENSING & REGULATION

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RINGSIDE PHYSICIAN QUALIFICATIONS AND AVAILABILITY FORM

Please type and complete the following information in its entirety and submit the form to:

Combative.sports@tdlr.texas.gov

Name:

Address:

Street Number, Street Name, City, State, Zip Code

Telephone Number:

Cell Phone Number:

Email Address:

(Area Code) Phone Number

(Area Code) Phone Number

Active, unrestricted and unlimited Texas Medical Board issued licensed Number:

Satisfactory performance working at previous Texas combative sports events. Yes No

How many events:

Describe your experience with head trauma and emergency care:

Describe your combative sports related medical training:

Describe your availability to work combative sports events: (Weigh-ins, nights, and weekends)

Combative Sports Ringside Physicians must be familiar with Texas Combative Sports Law and Rules and other applicable requirements.

Physician's Signature

Date