



TEXAS DEPARTMENT OF LICENSING AND REGULATION

RPM Division/Combative Sports

P. O. Box 12157 • Austin, Texas 78711 • (512) 463-5101 • (800) 803-9202

Fax (512) 463-1087 • Web site: www.tdlr.texas.gov

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: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Active, unrestricted and unlimited Texas Medical Board issued license 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.