TEXAS MEDICAL BOARD

PHYSICIAN GRADUATE SPONSORING PHYSICIAN ATTESTATION

I, _____, am sponsoring a Physician Graduate in Texas and attest to the following:

☐ I am sponsoring Physician Graduate applicant: _____ ID Number: _____

☐ I hold a full and unrestricted license to practice medicine in Texas. License number: _____

I am not currently the subject of disciplinary action by the board or the medical licensing authority of any other jurisdiction.

☐ I am board certified by a medical specialty member board of either the ABMS, AOABOS, ABOMS, or another specialty member organization the board recognizes.

Specialty: _____ Initial Certification Date: _____

Specialty: _____ Initial Certification Date: _____

Specialty: _____ Initial Certification Date: _____

☐ I practice medicine in the specialty(s) for which I am board certified.

This section must be completed if authorizing the Physician Graduate named above to practice under the delegation and supervision of one other physician:

Physician Full Name: _____ Texas License: _____

☐ The Physician named above is part of my physician group or facility: _____

☐ The Physician named above is board certified by a medical specialty member board of either the ABMS, AOABOS, ABOMS, or another specialty member organization the board recognizes.

Specialty: _____ Initial Certification Date: _____

Specialty: _____ Initial Certification Date: _____

Specialty: _____ Initial Certification Date: _____

_____

Sponsoring Physician's Name

_____ _____

Signature (Required) **Date**

Location Address:
1800 Congress Ave, Suite 9-200
Austin, Texas 78701

Mailing Address
P.O. Box 2029
Austin, Texas 78768-2029

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