Texas Standardized Credentialing Application

(Please type or print)

Section I-Individual Inform	ation				
TYPE OF PROFESSIONAL					
LAST NAME	NAME FIRST		MIDDLE	(1)	IR., SR., ETC.)
EAST NAIVIE	111(31		WIIDDEL	(5	N., 5N., ETC.)
MAIDEN NAME	YEARS A	SSOCIATED (YYYY-YYYY)	OTHER NAME	YEARS ASSOCIATED ((YYYY-YYYY)
LIONAE MANINIO A DODECC					
HOME MAILING ADDRESS					
CITY		ATE/COUNTRY		POSTAL CODE	
HOME PHONE NUMBER SOCIAL SECURITY NUMB)	T		
HOIVIE PHONE NUIVIBER SOCIAL SECURITY		SOCIAL SECURITY NUIVIBER	(☐ Female ☐Male	
CORRESPONDENCE ADDRESS					
CITY		CT A	ATE/COUNTRY		POSTAL CODE
CIT SIF			KIL/COUNTRY		FOSIAL CODE
PHONE NUMBER	FAX NUMBER	3	E-MAIL		
DATE OF BIRTH (MM/DD/YYYY)		PLACE OF BIRTH		CITIZENSHIP	
DATE OF BIRTH (IVIIVI/DD/TTTT)		PLACE OF BIRTH		CHIZENSHIP	
IF NOT AMERICAN CITIZEN, VISA NUMBER & STATUS				ARE YOU ELIGIBLE TO WORK IN THE UNI	ITED STATES?
U.S.MILITARY SERVICE/PUBLIC HEALTH		DATES OF SERVICE (MM/DD/YYYY) TO		LAST LOCATION	
□Yes □ No		(MM/DD/YYYY)			
BRANCH OF SERVICE		ARE YOU CURRENTLY ON ACTIVE OR RESERVE MILITARY DUTY? ☐ Yes ☐ No		RY DUTY?	
Education					
PROFESSIONAL DEGREE (MEDICAL, DEN Issuing Institution:	NTAL, CHIROPF	RACTIC, ETC.)			
ADDRESS					
CITY STA			ATE/COUNTRY	Р	POSTAL CODE
DEGREE			ATTENDANCE DATES(MM.	/YYYY TO MM/YYYY)	
				,	
☐ Please check this box and cor	mplete and s	submit Attachment A if y	you received other pro	fessional degrees.	
POST-GRADUATE EDUCATION _ SPECIALTY					
☐ Internship ☐ Residency ☐ Fello	wship L Tea	ching Appointment			
INSTITUTION					
ADDRESS					
CITY STATE/COUNTRY POSTAL					200741 0005
CITY		214	ATE/COUNTRY	۲	POSTAL CODE
Dragram successfully completed			ATTENDANCE DATES (MM	I/YYYY TO MM/YYYY)	
☐ Program successfully completed			OUDDENIT DDO ODANA DIDI	COTOD (IF I/ALOVA/AL)	
PROGRAM DIRECTOR			CURRENT PROGRAM DIRI	ECTOR (IF KNOWIN)	
POST-GRADUATE EDUCATION ☐ Internship ☐ Residency ☐ Fellow	wship \square Teac	:hina Appointment	SPECIALTY		
INSTITUTION		3			
ADDRESS					
CITY STA			ATE/COUNTRY		POSTAL CODE

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