



Texas Standardized Credentialing Application

(Please type or print)

Section I-Individual Information

TYPE OF PROFESSIONAL			
LAST NAME		FIRST	MIDDLE (JR., SR., ETC.)
MAIDEN NAME	YEARS ASSOCIATED (YYYY-YYYY)	OTHER NAME	YEARS ASSOCIATED (YYYY-YYYY)
HOME MAILING ADDRESS			
CITY		STATE/COUNTRY	POSTAL CODE
HOME PHONE NUMBER	SOCIAL SECURITY NUMBER	<input type="checkbox"/> Female <input type="checkbox"/> Male	
CORRESPONDENCE ADDRESS			
CITY		STATE/COUNTRY	POSTAL CODE
PHONE NUMBER	FAX NUMBER	E-MAIL	
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	CITIZENSHIP	
IF NOT AMERICAN CITIZEN, VISA NUMBER & STATUS		ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. MILITARY SERVICE/PUBLIC HEALTH <input type="checkbox"/> Yes <input type="checkbox"/> No	DATES OF SERVICE (MM/DD/YYYY) TO (MM/DD/YYYY)	LAST LOCATION	
BRANCH OF SERVICE	ARE YOU CURRENTLY ON ACTIVE OR RESERVE MILITARY DUTY? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education

PROFESSIONAL DEGREE (MEDICAL, DENTAL, CHIROPRACTIC, ETC.)

Issuing Institution:

ADDRESS

CITY STATE/COUNTRY POSTAL CODE

DEGREE ATTENDANCE DATES (MM/YYYY TO MM/YYYY)

☐ Please check this box and complete and submit Attachment A if you received other professional degrees.

POST-GRADUATE EDUCATION

SPECIALTY

☐ Internship ☐ Residency ☐ Fellowship ☐ Teaching Appointment

INSTITUTION

ADDRESS

CITY STATE/COUNTRY POSTAL CODE

☐ Program successfully completed ATTENDANCE DATES (MM/YYYY TO MM/YYYY)

PROGRAM DIRECTOR CURRENT PROGRAM DIRECTOR (IF KNOWN)

POST-GRADUATE EDUCATION

SPECIALTY

☐ Internship ☐ Residency ☐ Fellowship ☐ Teaching Appointment

INSTITUTION

ADDRESS

CITY STATE/COUNTRY POSTAL CODE