



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)	
<input type="checkbox"/> Please check this box and complete and submit Attachment A if you received other professional degrees.	
POST-GRADUATE EDUCATION SPECIALTY	
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Teaching Appointment	
INSTITUTION	
ADDRESS	
CITY STATE/COUNTRY POSTAL CODE	
<input type="checkbox"/> Program successfully completed ATTENDANCE DATES (MM/YYYY TO MM/YYYY)	
PROGRAM DIRECTOR CURRENT PROGRAM DIRECTOR (IF KNOWN)	
POST-GRADUATE EDUCATION SPECIALTY	
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Teaching Appointment	
INSTITUTION	
ADDRESS	
CITY STATE/COUNTRY POSTAL CODE	