Texas Standardized Credentialing Application Attachment B - Other Post Graduate Education

OTHER POST-GRADUATE EDUCATION ☐ Internship ☐ Residency ☐ Fellowship ☐ Teaching Appointment	SPECIALTY	
INSTITUTION		
ADDRESS		
CITY	TATE/COUNTRY	POSTAL CODE
☐ Program successfully completed	ATTENDANCE DATES (MM/YYYY TO MM/YYYY)	
PROGRAM DIRECTOR	CURRENT PROGRAM DIRECTOR (IF KNOWN)	
OTHER POST-GRADUATE EDUCATION Internship Residency Fellowship Teaching Appointment	SPECIALTY	
INSTITUTION		
ADDRESS		
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PROGRAM DIRECTOR	CURRENT PROGRAM DIRECTOR (IF KNOWN)	
OTHER POST-GRADUATE EDUCATION Internship Residency Fellowship Teaching Appointment	SPECIALTY	
INSTITUTION		
ADDRESS		
CITY STATE/COUNTRY		POSTAL CODE
☐ Program successfully completed	ATTENDANCE DATES (MM/YYYY TO MM/YYYY)	
PROGRAM DIRECTOR	CURRENT PROGRAM DIRECTOR (IF KNOWN)	

14 of 20 LHL234 Rev.01/07