



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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[www.tdlr.texas.gov](http://www.tdlr.texas.gov)



## CERTIFICATE OF ACCEPTANCE FOR POSTGRADUATE TRAINING PROGRAM

**IMPORTANT NOTICE:** Completion of this form is required every year for licensure. This form must be completed and signed by the residency director of the postgraduate training program that has accepted the applicant for residency training.

**THIS FORM MUST BE SUBMITTED EVERY YEAR BEFORE A TEMPORARY LICENSE WILL BE ISSUED**

**1. Applicant Name:**

\_\_\_\_\_  
Last First Middle Suffix

**2. Applicant Date of Birth:**

\_\_\_\_\_  
Month/Day/Year

**3. Applicant Social Security Number:**

\_\_\_\_\_  
See Instruction Sheet for Disclosure Information

**4. Applicant Address:**

\_\_\_\_\_  
Street Number and Name Apt/Ste/Bldg City State Zip Code

**5. Applicant Maiden or Given Surname:**

**6. Residency Program Name:**

**7. Beginning Date:**

\_\_\_\_\_  
Month/Day/Year

**8. Ending Date:**

\_\_\_\_\_  
Month/Day/Year

**9. Business Address:**

\_\_\_\_\_  
P.O. Box, Number, Street Name, City, State, Zip Code

**10. Business Telephone Number:**

\_\_\_\_\_  
(Area Code) Phone Number

**11. Home Telephone Number:**

\_\_\_\_\_  
(Area Code) Phone Number

**I do hereby declare that the above-named applicant has been accepted for postgraduate training as indicated above.**

\_\_\_\_\_  
Print Name of Residency Director

\_\_\_\_\_  
Signature of Residency Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date