



**TEXAS DEPARTMENT OF
LICENSING & REGULATION**

P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov



**MEMORANDUM OF UNDERSTANDING FOR APPROVED RESIDENCY PROGRAM
(Required for first year applicants only)**

I, _____ have accepted a residency with
_____. I am fully aware that the residency program
is an approved program with the Council of Podiatric Medical Education, thereby meeting
the postgraduate training requirements for licensure in Texas.

I am further aware that after completing and filing a licensure application, I will be issued
a Temporary license by the Texas Department of Licensing and Regulation for practice
only in the above-designated residency program. Should I leave the program at any time
prior to the expiration date of the Temporary license, I will upon that date of departure
surrender my Temporary license to the Texas Department of Licensing and Regulation. I
am entering this program with the full knowledge that if I should not satisfactorily complete
the program, no time spent in the postgraduate training program will be credited towards
the Texas licensure requirement.

***I certify under penalty of perjury under the laws of the State of Texas to the truth
and accuracy of the above information.***

Signature of Applicant

Print Name

Date