



Texas State Board of Podiatric Medical Examiners

MAILING ADDRESS: P.O. Box 12216, Austin, TX 78711-2216 PHYSICAL ADDRESS: 333 Guadalupe, Suite #2-320, Austin, TX 78701 TELEPHONE: 512.305.7000 FAX: 512.305.7003 WEBSITE ADDRESS: www.foot.state.tx.us

TSBPME
“DUPLICATE LICENSE” OR “AMENDED (NAME CHANGE) LICENSE”
REQUEST FORM & AFFIDAVIT

Agency Use Only:

Processed By: ; Date Database Updated: ; Cost: ; Check No.:

Instructions:

- 1) Print in black/blue ink or type.
2) Fill out form completely and do not leave any questions blank. If an item is not applicable, mark “N/A.”
3) Podiatric Physicians / License Holders requesting a “Duplicate License” or an “Amended License” (“Name Change”) are REQUIRED to submit a copy of legal documentation evidencing the request/change, i.e. copy of a marriage license, divorce decree, court order, affidavit, etc. and the original TSBPME license.
4) This form MUST be completed (signed/dated) by the Podiatric Physician / License Holder and MUST be notarized.
5) Submit this completed Form along with All Documentation to the Mailing Address above along with the \$50.00 (non-refundable) Fee payable to the “TSBPME.”

Statutory Reference:

Texas Occupations Code §202.263 “ISSUANCE OF DUPLICATE OR AMENDED LICENSE” provides that: (a) If a license issued by the Board is lost, destroyed, or stolen from the person to whom it was issued, the license holder shall report the fact to the Board in an affidavit. (b) A license holder may apply to the Board for an amended license because of a lawful change in the person’s name or degree designation or for any other lawful and sufficient reason. (c) The Board shall issue a duplicate or amended license on application by a license holder and payment of a fee set by the Board for the duplicate or amended license. (d) If an amended license is issued, the license holder shall return the original license to the Board.”

1. Podiatric Physician Name (as it appears/appeared on the issued “Original License”):

2. Texas License Number: 3. Date Issued:

4. I am requesting (√ one box only):

“Duplicate License” (due to loss/destruction/theft)

“Amended License” (due to lawful name change)

5. Podiatric Physician Name (as you are Requesting it to appear on your new "Duplicate License" or "Amended License"):

6. Podiatry School: _____

7. Year Graduated: _____

8. Mailing Address:

(City)

(State)

(Zip Code)

9. Phone: () _____

Fax: () _____

E-Mail: _____

10. The actual circumstances surrounding the loss, destruction, theft and/or lawful name change of the above described license which was originally issued to me, the above-named licensee, are as follows (giving dates, place, and circumstances; the reasons that the issuance of a "Duplicate License" or "Amended License" is requested):

11. ♦ All of the above information is True and Correct. I understand that I may only possess one Texas Podiatric Physician license. I further state/affirm that I am the Identical Person to whom the above license was issued and should the above described license ever be found (if loss/destroyed/stolen & upon sufficient evidence of the same for a "Duplicate License"), I will return it to the office of the Texas State Board of Podiatric Medical Examiners. If upon request of a lawful "Name Change" (upon establishment of the same for an "Amended License"), I am returning the "Original License" to the Board. ♦ I understand it is a CRIMINAL VIOLATION (Texas Penal Code §37.10) to submit False Information to a governmental agency.

PODIATRIC PHYSICIAN (LICENSE HOLDER) SIGNATURE

DATE

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**TEXAS BOARD OF PODIATRIC MEDICAL EXAMINERS
SITTING IN AUSTIN, TRAVIS COUNTY, TEXAS**

Before me, the undersigned authority, personally appeared _____, known by me to be the person whose name is subscribed above, and who, after first being duly sworn by me, stated under oath that the above given statements are True and Correct.

NOTARY PUBLIC SIGNATURE

DATE

in and for _____ County; State of _____.

My Commission expires _____.

[NOTARY SEAL]