MILITARY SERVICE MEMBER, VETERAN, OR MILITARY SPOUSE SUPPLEMENTAL FORM

Submit this supplemental application AS AN ATTACHMENT TO YOUR LICENSE APPLICATION OR RENEWAL FORM if you are a military service member, veteran, or military spouse.

_____ __ _____ ___ _

Last Name First Name Middle Initial

I am a: □ Military Service Member □ Veteran □ Military Spouse with the armed forces of the United States.

My Social Security Number is: __ _____

The type of license for which I am applying or renewing is: _____

For military service members and veterans:

I am a military service member or veteran and want my military experience, knowledge, or training to be considered in an assessment of my minimum requirements for licensure or renewal. □ Yes □ No

- □ If yes, I have attached a copy of appropriate documentation of military status, such active duty order, Permanent Change of Station (PCS), or DD-214.
- □ If yes, I have attached a copy of appropriate documentation of all of the military experience, knowledge, or training I wish to have considered. I understand that each application is considered on a case-by-case basis and that an examination requirement shall not be waived. Documentation may include such things as VMET-2586, military transcripts or training records, evaluation reports, or a letter from my commanding officer describing my relevant duties and training.

For military spouses:

I want my status as a military spouse of an active duty member of the armed forces to be considered in an assessment of my minimum requirements for licensure or renewal. □ Yes □No

- □ If yes, I have attached appropriate documentation of my status as a military spouse such as my military Dependent ID Card, a copy of the spouse's most recent Permanent Change of Station (PCS) order, or active duty order.
- □ If yes, I have attached proof of my out-of-state license.

Special message for military personnel, spouses, and veterans from the Texas Department of State Health Services

The State of Texas recognizes the contributions of our active duty military service members, their spouses, and veterans. The Texas Department of State Health Services (DSHS) is spreading the word to military personnel, their spouses, and veterans about licenses for which they may be eligible and which may assist them in their search for work.

The Professional Licensing and Certification Unit provides regulatory oversight, including licensing and certification, for 23 allied health occupations listed on its website at http://www.dshs.state.tx.us/plc/default.shtm.

Military personnel or veterans may have met some licensing requirements as a result of their military service or other training, knowledge, and experience. Military spouses of current, active duty military service members may also have met some licensing requirements related to this status. While a military service member is deployed minimum requirements for license renewal may be modified.

We extend our heartfelt thanks to military service members, veterans, and their families for their dedicated service to the United States of America and to the State of Texas.

PRIVACY NOTIFICATION With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Publication number: F32-10544