

PARKLAND HEALTH & HOSPITAL SYSTEM
5201 Harry Hines Blvd.
Dallas, Texas 75235

TO: Texas State Board of Medical Examiners

RE: Change of Name

I currently have in process (please check one)

Application for Physicians In Training
(Internship, Residency & Fellowship Training)

Training Program: UT Southwestern at Dallas / Parkland

Contact Person: Elizabeth Ponce, Manager, House Staff & GME

Mailing Address: 5201 Harry Hines Blvd., Dallas, Texas 75235

Phone Number: (214) 590-8058 Fax: Number: (214) 590-2776

AMA/AOA Number: _____

Application for Medical Licensure (M.D. or D.O.)

I currently have an active license in the State of Texas
License # _____

Please make note of my new name: (Please type or print)

NAME (as listed on my initial application) _____

NEW NAME: _____

Attached is a copy of:

Marriage License

Other: _____