



**TEXAS STATE BOARD OF
PODIATRIC MEDICAL EXAMINERS**

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**AFFIDAVIT OF NON-FALSIFICATION OF RECORDS
(NPDB – HIPDB)**

I Do Hereby Attest and Affirm that I have not, in any way, falsified or altered the attached Inquiry Report received by me from the National Practitioner Data Bank and forwarded to the Texas State Board of Podiatric Medical Examiners

I have been advised by the Texas State Board of Podiatric Medical Examiners and fully understand that any attempt to alter or falsify the contents of this report will result in the immediate denial or revocation of my license to practice Podiatric Medicine in the State of Texas.

I have read the above and swear that it is the truth, so help me God.

Signature

Date of Signature

Print Full Name

*****Please Note: This form must be returned along with the NPDB –HIPDB Report.**

Sworn And Subscribed before me on the _____ day of _____, 20_____.

If your state law requires additional language, please fill in that information in the space provided. **Notaries submitted on a separate page will be rejected.**

Notary Public Signature

My commission expires _____, 20_____.

State of _____

County of _____