

Medication Aide (MA) Program

Affidavit for Occupational Licensing of Military Service Members, Veterans and Spouses

This form must be signed and dated in front of a notary. The notarized form must be submitted to your TULIP application at <https://tulip.hhs.texas.gov/TULIP/s/login/>

The following affidavit is offered for a medication aide permit to satisfy the requirements of Texas Occupations Code Section 55.041(b)(3).

I swear or affirm under penalty of perjury that:

- I am the person described and identified as the applicant in the application.
- All statements in the application are true, correct and complete.
- I understand the scope of practice is for a medication aide permit in the state of Texas, and I will not perform outside of that scope of practice.
- I am in good standing in each state in which I hold or have held an applicable license.

Applicant's Printed Last, First, Middle Name

Date of Birth

Sworn and subscribed to me on this _____ day of _____, 20____, in _____
County, in the state of _____.

Notary Signature

Date Commission Expires

Place Notary Seal
or Stamp Here