

Date processed:

Health Transformation Building 1601 Trinity Street Austin, Texas 78712 1-833-UT-CARES (1-833-882-2737) www.uthealthaustin.org

Request for Licensure or Certification Payment with Pro-card

Include/Attach a copy of the registration pay	<u>ment form</u>	
Name of Associate Making the Request:		
Name of Department:		
Name of Direct Supervisor:		
Name of License/Certification:		
Certifying Entity:	Renewal Fee Amount:	
	\$	
License/Certificate#:	Expiration Date:	
Additional Notes:		
Signature for processing:		
Account # to be charged:		