

**Texas Standardized Credentialing Application**  
**Attachment C – Other Work History**

<b>Previous practice/employer name</b>	Start date/end date (mm/yyyy to mm/yyyy)	
Address		
City	State/country	Postal code
Reason for discontinuance		
<b>Previous practice/employer name</b>	Start date/end date (mm/yyyy to mm/yyyy)	
Address		
City	State/country	Postal code
Reason for discontinuance		
<b>Previous practice/employer name</b>	Start date/end date (mm/yyyy to mm/yyyy)	
Address		
City	State/country	Postal code
Reason for discontinuance		
<b>Previous practice/employer name</b>	Start date/end date (mm/yyyy to mm/yyyy)	
Address		
City	State/country	Postal code
Reason for discontinuance		
<b>Previous practice/employer name</b>	Start date/end date (mm/yyyy to mm/yyyy)	
Address		
City	State/country	Postal code
Reason for discontinuance		
<b>Previous practice/employer name</b>	Start date/end date (mm/yyyy to mm/yyyy)	
Address		
City	State/country	Postal code
Reason for discontinuance		
<b>Previous practice/employer name</b>	Start date/end date (mm/yyyy to mm/yyyy)	
Address		
City	State/country	Postal code
Reason for discontinuance		