The meeting was called to order 9:03 a.m. on April 9, 2015 by Chair, Paulette B. Southard. Committee members present were Michael Arambula, M.D.; Frank S. Denton; John R. Guerra, D.O.; Robert B. Simonson, D.O.; and Wynne M. Snoots, M.D.

**Agenda Item 6 - Discussion, recommendation, and possible action regarding Visiting Physician Temporary Permits.** Ms. Knight requested direction from the Committee regarding requests for Visiting Physician Temporary Permits (VPTP) in cases where the supervising physician would not be on site at all, and only available by telephone. TMB Medical Director, Dr. Robert Bredt explained that currently the rules do not specifically address this situation in regards to the requirements for continuous supervision. The Committee directed staff to continuing reviewing VPTP applications on a case by case basis and consult the Medical Director to make a determination on any cases with unusual issues.

Dr. Arambula moved, Dr. Guerra seconded, that the Committee close the meeting to the public and continue in Executive Session for deliberations concerning Agenda item 2a. The motion passed. Ms. Southard announced that the meeting would be closed for deliberations at 9:29 a.m. concerning licensure applications and the character and fitness of applicants under the authority of The Medical Practice Act Sections 152.009 and 155.058, Occupations Code, and that while in executive session, the Board would not take any action, make any decision, or vote with regard to any matter that may be considered or discussed. A certified agenda of any executive session will be made.

The Executive Session ended at 1:48 p.m.

**Agenda Item 2b - Applicants appearing concerning eligibility**

The Licensure Committee conducted hearings to review applicants appearing concerning eligibility. The hearings were conducted in Executive Session. Following the hearings, the Committee reconvened and considered the applications.
Applicant #496 appeared before the Committee, with counsel, in executive session. In open session, Mr. Denton moved that the committee recommend to the full Board that the applicant be granted an unrestricted license. Dr. Simonson seconded the motion. All voted in favor. The motion passed.

Applicant #1648 appeared before the Committee, with counsel, in executive session. In open session, Dr. Guerra moved that the committee recommend to the full Board that the applicant be granted a license under a non-disciplinary Remedial Plan with the following conditions:

- Completion of 8 Hours of Continuing Medical Education in Ethics

This recommendation is based on submitting a false statement to the Board. Dr. Arambula seconded the motion. All voted in favor. The motion passed.

Applicant #1649 appeared before the Committee, with counsel, in executive session. In open session, Dr. Arambula moved that the committee recommend to the full Board that the applicant’s appeal of the Executive Director’s determination be denied. Dr. Snoots seconded. All voted in favor. The motion passed.

Applicant #1650 appeared before the Committee, with counsel, in executive session. In open session, Dr. Simonson moved that the committee recommend to the full Board that the applicant be granted an unrestricted license. Dr. Snoots seconded the motion. All voted in favor. The motion passed.

Applicant #1654 appeared before the Committee in executive session. In open session, Dr. Snoots moved that the committee recommend to the full Board that the applicant be determined ineligible for a license. This recommendation is based on unprofessional conduct and disciplinary action taken by a health care entity. Dr. Arambula seconded the motion. All voted in favor. The motion passed.

Applicant #1656 appeared before the Committee, with counsel, in executive session. In open session, Mr. Denton moved that the committee recommend to the full Board that the applicant be determined ineligible for a license. This recommendation is based on unprofessional conduct, failure to practice medicine within the standard of care, inability to practice due to a mental/physical condition, and disciplinary action taken by a health care entity. Dr. Arambula seconded the motion. All voted in favor. The motion passed.

Applicant #1657 appeared before the Committee, with counsel, in executive session. In open session Dr. Arambula moved that the committee recommend to the full Board that the applicant’s appeal be
denied and the applicant be determined ineligible for a license. This recommendation is based on unprofessional conduct, intemperate use of alcohol or drugs that could endanger the public, inability to practice due to a mental/physical condition, conviction of a felony/misdemeanor, and time out of practice.

Dr. Guerra seconded the motion. All voted in favor. The motion passed.

Applicant #1658 appeared before the Committee, with counsel, in executive session. In open session, Dr. Arambula moved that the committee recommend to the full Board that the applicant be granted an unrestricted license. Dr. Simonson seconded the motion. All other voted in favor. The motion passed.

Applicant #1659 appeared before the Committee in executive session. In open session, Mr. Denton moved that the committee recommend to the full Board that the applicant be granted a provisional license. Dr. Simonson seconded the motion. All voted in favor. The motion passed.

Applicant #1660 appeared before the Committee, with counsel, in executive session. In open session, Dr. Simonson moved that the committee recommend to the full Board that the applicant be granted a physician in training permit. Dr. Arambula seconded the motion. All voted in favor. The motion passed.

Item 2b - Proposed orders offered by the Executive Director – Ms. Knight reported on 11 physician licensure orders offered by the Executive Director and accepted by applicants. Dr. Arambula moved to recommend to the full Board that the orders be approved. Dr. Simonson seconded. All voted in favor. The motion passed.

Item 2c – Physician licensure applicants to be licensed. There were 147 applicants who met all requirements to be considered for permanent licensure by the full Board. Dr. Arambula moved to recommend to the full Board that all 147 physician licensure applicants determined to meet eligibility requirements by staff be approved. Mr. Denton seconded the motion. All voted in favor. The motion passed.

Item 2d – Surgical assistant licensure applicants to be licensed. There were 3 surgical assistant applicants who met all requirements to be considered for licensure by the full Board. Dr. Arambula moved to recommend to the full Board that all 3 surgical assistant applicants determined to meet
eligibility requirements by staff be approved. Mr. Denton seconded the motion. All voted in favor. The motion passed.

Agenda Item 2e – Acudetox applicants for certification – There were none

Agenda Item 3 – Report on physician licensure statistics. Ms. Knight reported that the second quarter of FY15 showed a 17% increase in the number of new physicians licensed compared to the first quarter of FY14. Ms. Knight also reported that despite the increase, the average time to complete physician licensure applications during the second quarter of FY15 was 42 days.

Agenda Item 4a - Discussion, recommendation, and possible action regarding cancellation of licenses by request for incomplete registration. There were 5 acudetox certifications for cancellation. Dr. Arambula moved to recommend to the full Board that the 5 acudetox certifications be cancelled. Dr. Guerra seconded. All voted in favor and the motion passed.

Agenda Item 5a - Discussion, recommendation, and possible action regarding Nonprofit Health Organizations: Applicants for initial certification. There were 6 applications for initial certification as a Nonprofit Health Organization for approval. Dr. Arambula moved to recommend to the full Board that the 6 requests for initial certification as a Nonprofit Health Organization be approved. Dr. Guerra seconded. All voted in favor and the motion passed.

Agenda Item 5b - Discussion, recommendation, and possible action regarding Nonprofit Health Organizations: Requests for biennial recertification - There were 5 applications for biennial recertification as a Nonprofit Health Organization for approval. Dr. Arambula moved to recommend to the full Board that the 5 requests for biennial recertification as a Nonprofit Health Organization be approved. Mr. Denton seconded. All voted in favor and the motion passed.

Agenda Item 7 - Discussion, recommendation, and possible action regarding license issuance. Ms. Knight asked for direction regarding applicants for a full Texas license who come to Texas only to participate in a one year fellowship, with no intention of remaining in the state upon completion of the training. In some cases the fellows may be required to renew the license prior to completing the fellowship, resulting in the licensee having to pay another registration fee. Ms. Rhea Hines, Manager of Pre-Licensure, Registration, and Consumer Services, explained that she can help applicants in this situation who contact her prior to initial registration by ensuring that they are granted a two year initial
registration period. . . The Committee directed Board staff to take no action at this time and for Ms. Knight and Ms. Hines to handle these situations as needed.

**Agenda Item 8 - Discussion, recommendation, and possible action regarding proposed amendments to board rules:**

a. 163.6 – Examinations Accepted for Licensure

Dr. Arambula moved to recommend to the full Board that the rule as presented be published in the Texas Register for public comment. Dr. Simonson seconded. All voted in favor. The motion passed.

b. 166.2 – Continuing Medical Education

Dr. Arambula moved to recommend to the full Board that the rule with the proposed changes be published in the Texas Register for public comment. Dr. Guerra seconded. All voted in favor. The motion passed.

c. 184.4 Qualifications for Licensure

Dr. Arambula moved to recommend to the full Board that the rule with the proposed changes be published in the Texas Register for public comment. Mr. Denton seconded. All voted in favor. The motion passed.

d. 187.13 – Informal Board Proceedings Relating to Licensure Eligibility

Mr. Denton moved to recommend to the full Board that the rule as presented be published in the Texas Register for public comment. Dr. Arambula seconded. All voted in favor. The motion passed.

e. 187.24 – Pleadings

Mr. Denton moved to recommend to the full Board that the rule as presented be published in the Texas Register for public comment. Dr. Simonson seconded. All voted in favor. The motion passed.

**Agenda Item 9 -** There being no further business, the meeting was adjourned at 2:15 p.m.
**Texas Medical Board**

Licensure Division

Mailing Address:  P.O. Box 2029  •  Austin, Tx 78768-2029  
Phone (512) 305-7130 • Fax (512) 305-7009

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**BOARD MEETING OF APRIL 10, 2015**  
**TOTAL APPLICANTS FOR CONSIDERATION FOR PERMANENT LICENSURE**

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**Grand Total**: 127 20 0 147

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TEXAS MEDICAL BOARD
FULL LICENSURE APPLICANTS FOR
CONSIDERATION AT APRIL, 2015 BOARD MEETING

1. ABOUD, MIRNA MD
   SCHOOL: MED SCH PERES, ANTONINS, BEIRUT LEBANON (LEBANESE UNIV FAC OF MED)-2003

2. ADDIS, KRISTEN MARIE MD
   SCHOOL: UNIV OF SOUTH CAROLINA SCH OF MED, COLUMBIA-2008

3. ADESINA, ADELEKE TOMIWA DO
   SCHOOL: UMDNJ - SCHOOL OF OSTEOMED, STRATFORD-2012

4. AGARWAL, SALONI MD
   SCHOOL: GRANT MED COLL, UNIV OF BOMBAY, BYCULLA, BOMBAY, INDIA-2011

5. AHMAD, MINAL DO
   SCHOOL: ARIZONA COLL OF OSTEOMED, MIDWESTERN UNIV, GLENDALE, AZ-2011

6. AKERMAN, STUART MD
   SCHOOL: UMDNJ-NEW JERSEY MEDICAL SCHOOL, NEWARK-2007

7. ALLEN, DIANE ELISE MD
   SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2012

8. ANDRY, TIFFANY MD
   SCHOOL: MEHARRY MED COLL SCH OF MED, NASHVILLE-2011
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<td>BADER, DONALD LEROY JR MD</td>
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41. HA, TRUNG VAN MD
   SCHOOL: ST GEORGE'S UNIV, ST GEORGE'S-2012

42. HALIBURTON, JAMES RICHARD MD
   SCHOOL: TEXAS TECH UNIV HLTH SCI CTR, LUBBOCK-2010

43. HAZIN, HESHAM MD
   SCHOOL: ROSS UNIV, ROSEAU-2006

44. HINZE, KARLA SURMAN MD
   SCHOOL: UNIV OF TEXAS MEDICAL SCHOOL, HOUSTON-2006

45. HISLOP, SEAN JOSEPH MD
   SCHOOL: UNIV OF ROCHESTER SCH MED & DENTISTRY, ROCHESTER-2005

46. HOEFNER, ERNEST JOSEPH DO
   SCHOOL: NEW YORK COLL OF OSTEO MED OF NEW YORK, OLD WESTBURY-1999

47. HOLBROOK, NATHAN BLAIR DO
   SCHOOL: KIRKSVILLE COLL OF OSTEO AND SURG, KIRKSVILLE-2011

48. HUSAIN, ZEENA MD
   SCHOOL: BAYLOR COLL OF MED, HOUSTON-2011

49. IBRAHIM, JOHN W MD
   SCHOOL: AIN SHAMS UNIV, FAC OF MED, ABBASIA, CAIRO, EGYPT (330-04 PR 1/71)-2007

50. IVANOVA, KATERYNA SERGIYIVNA DO
   SCHOOL: UNIV OF NORTH TEXAS HLTH SCI CTR, FORT WORTH-2011

51. JACOB, CELINE DO
   SCHOOL: UNIV OF NORTH TEXAS HLTH SCI CTR, FORT WORTH-2010

52. JADHAV, MONIKA MD
   SCHOOL: ST GEORGE'S UNIV, ST GEORGE'S-2010

53. JAFREE, IRFAN ADIL MD
   SCHOOL: DOW MED COLL, UNIV OF KARACHI, KARACHI, PAKISTAN-2003

54. JAYACHANDRAN, ARCHANA MD
   SCHOOL: AL-AMEEN MED COLL, RAJIV GANDHI UNIV OF HLTH SCI, BIJAPUR-2000

55. JENEVIZIAN, ARA MD
   SCHOOL: SZEGEDI TUDOMÁNYEGYETEM ÁLTALÁNOS ORVOSTUDOMÁNYI KAR, SZEGED, HUNGARY-2002

56. JOHNSON, JEREMIAH NICHOLAS MD
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74. MCMILLIN, MIRANDA GOMEZ MD  
   FULL-REG (566543)  
   SCHOOL: UNIVERSITY OF IOWA, IOWA CITY-2012

75. MODI, DHARUVANGKUMAR ARUNCHANDRA MD  
   FULL-REG (587181)  
   SCHOOL: ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE, CHICAGO-2007

76. MOORE, LOUIS THOMAS III MD  
   FULL-REG (587202)  
   SCHOOL: TEXAS TECH UNIV HLTH SCI CTR, LUBBOCK-2012

77. MOSELEY, MICAH SETH MD  
   FULL-REG (565817)  
   SCHOOL: UNIV OF VIRGINIA SCH OF MED, CHARLOTTESVILLE-1995

78. MOYE, MARGARET SPRATT MD  
   FULL-REG (589635)  
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79. MULLIGAN, KIMBERLY ANNE MD  
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   SCHOOL: NORTHWESTERN UNIV MED SCH, CHICAGO-2008

80. MURESANU, CRISTINA ADRIANA DO  
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81. NAM, JOO YEON MD  
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82. NATION, DAVID ANDREW MD  
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84. NGUYEN, THU ANH DO  
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85. O'NEILL, JAMES KENNEDY MD  
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86. OBINEREO, GEORGE CHUKWUEMEKA DO  
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   SCHOOL: NEW YORK COLL OF OSTEO MED OF NEW YORK, OLD WESTBURY-2009

87. OLIVE, MARY KATHERINE MD  
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90. ONSTAD, MICHAELA MD
   SCHOOL: WEST VIRGINIA UNIV SCH OF MED, MORGANTOWN-2009
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91. PAN, ASHLEY CHAR TER MD
   SCHOOL: UNIVERSITY OF CALIFORNIA, DAVIS-2011
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92. PARAB, MINOTI VILAS MD
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93. PATEL, DIPIKA RAMANLAL MD
   SCHOOL: UNIV OF ILLINOIS COLLEGE OF MEDICINE, CHICAGO-2012
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94. PATEL, KAMAKSHI MD
   SCHOOL: KRISHNA INST OF MED SCI, SHIVAJI UNIV, KARAD, MAHARASHTRA, INDIA-2004
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95. PATICOFF, JOSHUA MATTHEW MD
   SCHOOL: SACKLER SCH OF MED, UNIV OF TEL AVIV, TEL AVIV-2001
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96. PHAN, ROBERT D MD
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97. PICKERT, CURTIS BLAINE MD
   SCHOOL: UNIV OF KANSAS SCH OF MED, KANSAS CITY-1984
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98. PUENTE, ERWIN CALVO MD
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99. QUESADA, ANDRES ERNESTO MD
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100. RANDAZZO, WILLIAM THOBURN MD
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101. REBELLO, DONNIA LILY MD
    SCHOOL: UNIV OF ARKANSAS FOR MED SCIENCES, COLLEGE OF MEDICINE, LITTLE ROCK-2011
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102. REBOLLED O, MICHAEL MD
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103. REYES, MICHAEL JAVIER MD
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104. REZAEI BAZAZIZAD, KNEMA PASCAL MD
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<td>SCHOOL: CHARLES UNIV, PRAHA</td>
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April 2015

Agenda Item 02b – Proposed orders offered by the Executive Director

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April 2015

**Agenda Item 03e: Surgical Assistant Licensure Applicants to be Licensed**

1. Cossa, Anwar Armando
2. Howard, Arthur L
3. Termina, Amy Elizabeth
**April 2015** - Cancellation of **Acudetox** licenses by request or incomplete registration:

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April 2015

Agenda Item 5a: Applicants for Initial Certification as Nonprofit Health Organization

1. Aspire Fertility Institute
2. HMC RGV Physicians Group
3. LRMC Neurosurgery, Inc.
4. My Home MD Nonprofit, Inc.
5. North Texas CIN, Inc.
6. PineCreek Physician Network, M.D.
April 2015

Agenda Item 5b - Requests for Biennial Recertification as Nonprofit Health Organizations

1. Choice Care Clinic I, Inc.
2. Choice Care Clinic II, Inc.
3. Choice Care Clinic III, Inc.
4. Texarkana Regional Healthcare Network
5. Texas Bay Area Clinical Services, Inc.
§163.6. Examinations Accepted for Licensure.

(a), (c) – (e) – unchanged

(b) Examination Attempt Limit.

(1) An applicant must pass each part of an examination listed in subsection (a) of this section within three attempts. An applicant who attempts more than one type of examination must pass each part of at least one examination and shall not be allowed to combine parts of different types of examination.

(2) Notwithstanding paragraph (1) of this subsection, an applicant who, on September 1, 2005, held a Texas physician-in-training permit issued under §155.105 of the Act or had an application for that permit pending before the board must pass each part of the examination within three attempts, except that, if the applicant has passed all but one part of the examination within three attempts, the applicant may take the remaining part of the examination one additional time. However, an applicant is considered to have satisfied the requirements of this subsection if the applicant:

(A) passed all but one part of the examination approved by the board within three attempts and passed the remaining part of the examination within six attempts;
(B) is specialty board certified by a specialty board that:
   (i) is a member of the American Board of Medical Specialties; or
   (ii) is approved by the American Osteopathic Association; and
   (iii) has completed in this state an additional two years of postgraduate medical training approved by the board.

(3) The limitation on examination attempts by an applicant under paragraph (1) of this subsection does not apply to an applicant who meets the following criteria:

(A) holds a license to practice medicine in another state(s);
(B) is in good standing in the other [such] state(s);
(C) has been licensed in another [such] state(s) for at least five years;
(D) such license has not been restricted, cancelled, suspended, revoked, or subject to other discipline in the other [that] state(s);
(E) has never held a medical license that has been restricted for cause, canceled for cause, suspended for cause, revoked or subject to another form of discipline in a state or territory of the United States, a province of Canada, or a uniformed service of the United States; and
(F) has passed all but one part of the examination approved by the board within three attempts and:
   (i) passed the remaining part of the examination within one additional attempt; or
   (ii) passed the remaining part of the examination within six attempts if the applicant:
(I) is specialty board certified by a specialty board that:
   (-a-) is a member of the American Board of Medical
   Specialties; or
   (-b-) is approved by the American Osteopathic Association;
   and

(II) has completed in this state an additional two years of
    postgraduate medical training approved by the board.

(4) Attempts at a comparable part of a different type of examination shall be counted
    against the three attempt limit.

(f) The time frame described by subsections (c) and (d) of this section does not apply to an
applicant who meets the following criteria:
   (1) holds a license to practice medicine in another state(s);
   (2) is in good standing in the other [such] state(s);
   (3) has been licensed in another [such] state(s) for at least five years;
   (4) such license has not been restricted, cancelled, suspended, revoked, or subject to other
    discipline in the other [that] state(s);
   (5) will practice exclusively in a medically underserved area or a health manpower
    shortage area, as those terms are defined in Chapter 157 of the Texas Occupations Code;
   and
   (6) has never held a medical license that has been restricted for cause, canceled for cause,
    suspended for cause, revoked or subject to another form of discipline in a state or
    territory of the United States, a province of Canada, or a uniformed service of the United
    States.
166.2 Continuing Medical Education

(a) remains unchanged

(b) A physician must report on the registration permit application if she or he has completed the required CME during the previous 2 years.

   (1) A [licensee] physician may carry forward CME credits earned prior to a registration report which are in excess of the 48-credit biennial requirement and such excess credits may be applied to the following years' requirements.
   (2) A maximum of 48 total excess credits may be carried forward and shall be reported according to the categories set out in subsection (a) of this section.
   (3) Excess CME credits of any type may not be carried forward or applied to a report of CME more than two years beyond the date of the registration following the period during which the credits were earned.

(c) A [licensee] physician shall be presumed to have complied with this section if in the preceding 36 months the [licensee] physician becomes board certified or recertified by a specialty board approved by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association Bureau of Osteopathic Specialists. This provision exempts the physician from all CME requirements, including the requirement for two credits involving the study of medical ethics and/or professional responsibility, as outlined in subsection (a)(2) of this section. This exemption is valid for one registration period only.

(d) A licensee shall be presumed to have complied with subsection (a)(1) and (3) of this section if the licensee is meeting the Maintenance of Certification (MOC) program requirements set forth by a specialty or subspecialty member board of the ABMS, and the member board's MOC program mandates completion of CME credits that meet the minimum criteria set forth under subsection (a)(1) of this section. This provision does not exempt the licensee from the requirement for two credits involving the study of medical ethics and/or professional responsibility, as outlined in subsection (a)(2) of this section.

(e) A physician may request in writing an exemption for the following reasons:

   (1) the physician’s catastrophic illness;
   (2) the physician’s military service of longer than one year’s duration outside the state;
   (3) the physician’s medical practice and residence of longer than one year’s duration outside the United States; or
   (4) good cause shown submitted in writing by the [licensee] physician, which provides [that gives] satisfactory evidence to the board that the [licensee] physician is unable to comply with the requirement for CME.
(f) Exemptions are subject to the approval of the executive director or medical director and must be requested in writing at least 30 days prior to the expiration date of the permit.

(g) A temporary exemption under subsection (d) of this section may not exceed one year but may be renewed, subject to the approval of the board.

(h) Subsection (a) of this section does not apply to a [licensee] physician who is retired and has been exempted from paying the registration fee under §166.3 of this title (relating to Retired Physician Exception).

(i) This section does not prevent the board from taking board action with respect to a [licensee] physician or an applicant for a license by requiring additional credits of CME or of specific course subjects.

(j) The board may require written verification of both formal and informal credits from any [licensee] physician within 30 days of request. Failure to provide such verification may result in disciplinary action by the board.

(k) Physicians in residency/fellowship training or who have completed such training within six months prior to the registration expiration date will satisfy the requirements of subsection (a)(1) and (2) of this section by their residency or fellowship program.

(l) CME credits which are obtained during the 30 day grace period after the expiration of the [licensee] physician's permit to comply with the CME requirements for the preceding two years, shall first be credited to meet the CME requirements for the previous registration period and then any additional credits obtained shall be credited to meet the CME requirements for the current registration period.

(m) A false report or false statement to the board by a [licensee] physician regarding CME credits reportedly obtained shall be a basis for disciplinary action by the board pursuant to the Medical Practice Act (the "Act"), Tex. Occ. Code Ann. §§164.051 - 164.053. A [licensee] physician who is disciplined by the board for such a violation may be subject to the full range of actions authorized by the Act including suspension or revocation of the physician's medical license, but in no event shall such action be less than an administrative penalty of $500.

(n) Administrative penalties for failure to timely obtain and report required CME credits may be assessed in accordance with §§187.75 - 187.82 of this title (relating to Imposition of Administrative Penalty) and §190.14 of this title (relating to Disciplinary Sanction Guidelines).

(o) Unless exempted under the terms of this section, failure to obtain and timely report the CME credits on a registration permit application shall subject the [licensee] physician to a monetary penalty for late registration in the amount set forth in §175.3 of this title (relating to Penalties). Any administrative penalty imposed for failure to obtain and timely report the 48 credits of CME required for a registration permit application shall be in addition to the applicable penalties for late registration as set forth in §175.3 of this title.
§184.4 Qualifications for Licensure.

(a) Except as otherwise provided in this section, an individual applying for licensure must:
   (1) submit an application on forms approved by the board;
   (2) pay the appropriate application fee;
   (3) certify that the applicant is mentally and physically able to function safely as a surgical assistant;
   (4) not have a license, certification, or registration in this state or from any other licensing authority or certifying professional organization that is currently revoked, suspended, or subject to probation or other disciplinary action for cause;
   (5) have no proceedings that have been instituted against the applicant for the restriction, cancellation, suspension, or revocation of certificate, license, or authority to practice surgical assisting in the state, Canadian province, or uniformed service of the United States in which it was issued;
   (6) have no prosecution pending against the applicant in any state, federal, or Canadian court for any offense that under the laws of this state is a felony;
   (7) be of good moral character;
   (8) not have been convicted of a felony or a crime involving moral turpitude;
   (9) not use drugs or alcohol to an extent that affects the applicant's professional competency;
   (10) not have engaged in fraud or deceit in applying for a license;
   (11) pass an independently evaluated surgical or first assistant examination approved by the board;
   (12) have been awarded at least an associate's degree at a two or four year institution of higher education;
   (13) have successfully completed an educational program as set forth in subparagraphs (A) and (B) of this paragraph:
      (A) A surgical assistant program accredited, for the entire duration of applicant’s attendance, by the Commission on Accreditation of Allied Health Education Programs (CAAHEP); or
      (B) a substantially equivalent program that is one of the following:
         (i) a medical school whereby the applicant can verify completion of basic and clinical sciences coursework;
         (ii) a registered nurse first assistant program that is approved or recognized by an organization recognized by the Texas Board of Nursing for purposes of licensure as a registered nurse first assistant; or
         (iii) a post graduate clinical physician assistant program accredited, for the entire duration of applicant’s attendance, by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA, or by that committee's predecessor or successor entities designed to prepare the physician assistant for a surgical specialty.
(C) The curriculum of an educational program listed in subparagraphs (A) and (B) of this paragraph must include at a minimum, either as a part of that curriculum or as a required prerequisite, successful completion of college level instruction in the following courses:

(i) anatomy;
(ii) physiology;
(iii) basic pharmacology;
(iv) aseptic techniques;
(v) operative procedures;
(vi) chemistry;
(vii) microbiology; and
(viii) pathophysiology.

(14) demonstrate to the satisfaction of the board the completion of full-time work experience performed in the United States under the direct supervision of a physician licensed in the United States consisting of at least 2,000 hours of performance as an assistant in surgical procedures for the three years preceding the date of the application;

(15) be currently certified by a national certifying board approved by the board; and

(16) submit to the board any other information the board considers necessary to evaluate the applicant's qualifications.

(b) An applicant must provide documentation that the applicant has passed a surgical or first assistant examination required for certification by one of the following certifying boards:

(1) American Board of Surgical Assistants;
(2) National Board of Surgical Technology and Surgical Assisting (NBSTSA) formerly known as Liaison Council on Certification for the Surgical Technologist (LCC-ST); or
(3) the National Surgical Assistant Association provided that the exam was administered on or after March 29, 2003.

(c) Alternative License Procedure for Military Spouse.

(1) An applicant who is the spouse of a member of the armed forces of the United States assigned to a military unit headquartered in Texas may be eligible for alternative demonstrations of competency for certain licensure requirements. Unless specifically allowed in this subsection, an applicant must meet the requirements for licensure as specified in this chapter.

(2) To be eligible, an applicant must be the spouse of a person serving on active duty as a member of the armed forces of the United States and meet one of the following requirements:

(A) holds an active unrestricted surgical assistant license issued by another state that has licensing requirements that are substantially equivalent to the requirements for a Texas surgical assistant license; or
(B) within the five years preceding the application date held a surgical assistant license in this state that expired and was cancelled for nonpayment while the applicant lived in another state for at least six months.
(3) Applications for licensure from applicants qualifying under this section, shall be expedited by the board's licensure division. Such applicants shall be notified, in writing or by electronic means, as soon as practicable, of the requirements and process for renewal of the license.

(4) Alternative Demonstrations of Competency Allowed. Applicants qualifying under this section, notwithstanding:

(A) the one year expiration in §184.5(a)(2) of this title (relating to Procedural Rules for Licensure Applicants), are allowed an additional six months to complete the application prior to it becoming inactive; and

(B) the 20 day deadline in §184.5(a)(6) of this title, may be considered for permanent licensure up to five days prior to the board meeting; and

(C) the requirement to produce a copy of a valid and current certificate from a board approved national certifying organization in §184.6(b)(4) of this title (relating to Licensure Documentation), may substitute certification from a board approved national certifying organization if it is made on a valid examination transcript.

(d) Applicants with Military Experience.

(1) For applications filed on or after March 1, 2014, the Board shall, with respect to an applicant who is a military service member or military veteran as defined in §184.2 of this title (relating to Definitions), credit verified military service, training, or education toward the licensing requirements, other than an examination requirement, for a license issued by the Board.

(2) This section does not apply to an applicant who:

(A) has had a surgical assistant license suspended or revoked by another state or a Canadian province;

(B) holds a surgical assistant license issued by another state or a Canadian province that is subject to a restriction, disciplinary order, or probationary order; or

(C) has an unacceptable criminal history.
§187.13 Informal Board Proceedings Relating to Licensure Eligibility

(a) An applicant who has either requested to appear before the licensure committee of the board or has elected to be referred to the licensure committee of the board due to a determination of ineligibility by the Executive Director in accordance with §163.4 of this title (relating to Procedural Rules for Licensure Applicants), in lieu of withdrawing the application for licensure, may be subject to a Disciplinary Licensure Investigation.

(b) "Disciplinary Licensure Investigation" means an applicant's licensure file that has been referred to the licensure committee for review.

(c) Determination by a Committee of the Board. Upon review of Disciplinary Licensure Investigation, a committee of the board may determine that the applicant is ineligible for licensure or is eligible for licensure with or without conditions or restrictions, eligible for licensure under a remedial plan, or defer its decision pending further information.

(1) An applicant subject to a Disciplinary Licensure Investigation who withdraws their request to appear before a committee of the board shall have such withdrawal submitted to the full board for ratification.

(2) An applicant, who fails to appear before the committee of the board, shall be deemed a withdrawal, and such withdrawal shall be submitted to the full board for ratification.

(3) Licensure with Terms and Conditions.

(A) If the committee determines that the applicant should be granted a license under certain terms and conditions, based on the applicant's commission of a prohibited act or failure to demonstrate compliance with provisions under the Act or board rules, the committee, as the board's representatives, shall propose an agreed order or a remedial plan. The terms and conditions of the proposed agreed order or remedial plan shall be submitted to the board for approval.

(B) Upon an affirmative majority vote of members present, the board may approve the agreed order or remedial plan as proposed by the committee or with modifications, and direct staff to present the agreed order or remedial plan to the applicant.

(i) If the applicant agrees to the terms of the proposed agreed order or remedial plan, the applicant may be licensed upon the signing of the order
or remedial plan by the applicant and the president of the board or the president's designee, and passage of the medical jurisprudence examination, if applicable.

(ii) If the applicant does not agree to the terms of the proposed agreed order or remedial plan within 20 days of receipt of the offer, the applicant shall be deemed ineligible for licensure by the board.

(C) If the board does not approve the proposed agreed order or remedial plan and by majority vote determines the applicant ineligible for licensure, the applicant shall be so informed. The board must specify their rationale for the rejection of the proposed agreed order or remedial plan that shall be referenced in the minutes of the board.

(4) Ineligibility Determination.

(A) If a committee of the board or the full board determines that an applicant is ineligible for licensure, including deemed ineligibility due to the applicant's failure to agree to the terms of the board's proposed agreed order or remedial plan, the applicant shall be notified of the committee's determination and given the option to:

(i) appeal the determination of ineligibility to the State Office of Administrative Hearings (SOAH); or
(ii) accept the determination of ineligibility.

(B) An applicant has 20 days from the date the applicant receives notice of the board's determination of ineligibility to submit a written response to the board electing one of the two options listed in subparagraph (A)(i) - (ii) of this paragraph. Applicant's failure to respond to the board's notice of a determination of ineligibility within 20 days shall be deemed acceptance by applicant of the board's ineligibility determination.

(C) If the applicant timely notifies the board of applicant's intent to appeal the board's ineligibility determination to SOAH, a contested case before SOAH will be initiated only in accordance with §187.24 of this title (relating to Pleadings). Applicant shall comply with all other provisions relating to formal proceedings as set out in Subchapter C of this chapter (relating to Formal Board Proceedings at SOAH).

(D) An application for licensure shall not expire while the application is the subject of a contested case, however, applicants shall be required to update any information that is a part of their applications.

(E) If the applicant does not timely take action as required in subparagraphs (A) and (B) of this paragraph or, prior to the initiation of a contested case at SOAH, withdraws their intent to appeal the board's ineligibility determination to SOAH,
the committee's determination of ineligibility shall be deemed acceptance by applicant of the board's ineligibility determination [submitted to the full board for ratification].

(a) In disciplinary matters, actions by the board as Petitioner against a licensee, the board's pleadings shall be styled "Complaint" or "Formal Complaint". Except in cases of temporary suspension, a Complaint shall be filed only after notice of the facts or conduct alleged to warrant the intended action has been sent to the licensee's address of record and the licensee has an opportunity to show compliance with the law for the retention of a license as provided in §2001.054 of the Administrative Procedure Act (APA), and §164.004(a) of the Act.

(b) Upon timely receipt, as set forth in §187.13(c)(4)(B) of this title (relating to Informal Board Proceedings Relating to Licensure Eligibility), from a licensure applicant, of a request for an appeal before SOAH of the board's determination of ineligibility, the board shall file a request to docket and a Statement of Issues with SOAH.

(1) Applicant must timely file a petition with SOAH in order to initiate a contested case at SOAH. Such petition shall be filed by applicant no more than 30 days after receipt of the board's Statement of Issues filed with SOAH. Applicant shall comply with all other provisions relating to formal proceedings as set out in this subchapter.

(2) An applicant who notifies the board of their intent to appeal the board's determination of ineligibility to SOAH, as required under paragraph (1) of this subsection, and subsequently fails to timely file a petition with SOAH, shall be deemed to have withdrawn their intent to appeal the board's ineligibility determination to SOAH.

(3) Prior to initiating a contested case at SOAH, an applicant may request to withdraw their intent to appeal the board's ineligibility determination to SOAH by notifying the board in writing prior to filing a petition.

(4) If an applicant fails to timely notify the board of their intent to appeal the board's determination of ineligibility, as described in this subsection, such failure to take timely action shall be deemed a withdrawal.

(5) A withdrawal of intent to appeal the board's determination of ineligibility to SOAH or a deemed withdrawal, due to failure to timely take appropriate action, shall be deemed acceptance by applicant of the board's ineligibility determination [submitted to the full board for ratification].

(6) An application for licensure shall not expire while the application is the subject of a contested case, however, applicants shall be required to update any information that is part of their applications.