The meeting was called to order 9:42 a.m. on March 3, 2016 by Chair, Timothy Webb. Committee members present were Michael Arambula, M.D., Pharm.D., Frank S. Denton; Carlos Gallardo; John R Guerra, D.O., and Robert B. Simonson, D.O.

Mr. Gallardo moved, Dr. Arambula seconded, that the Committee close the meeting to the public and continue in Executive Session for deliberations concerning Agenda items 2 and 3a. The motion passed. Mr. Webb announced that the meeting would be closed for deliberations at 9:47 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 3:14 p.m.

The Licensure Committee conducted hearings to review applicants and licensees appearing concerning eligibility. The hearings were conducted in Executive Session. Following the hearings, the Committee reconvened and considered the applications.

Agenda Item 2 - Discussion, recommendation, and possible action regarding Licensee Requests.

Applicant #1767 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’s request to return the voluntary charity care license to active status be approved. Dr. Arambula seconded the motion. All voted in favor. The motion passed.

Applicant #1778 appeared before the Committee in executive session. In open session, Mr. Denton moved that the committee recommend to the full Board that the applicant’s request to return the license to active be denied. This recommendation is due to the applicant’s time out of professional practice and lack of current CME completion. Dr. Arambula seconded the motion. All others voted in favor. The motion passed.
Agenda Item 3a - Applicants appearing concerning eligibility.

Applicant #1492 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 an unrestricted license. Dr. Arambula seconded the motion. All others voted in favor. The motion passed.

Applicant #1765 appeared before the Committee in executive session. In open session, Dr. Simonson moved that the committee recommend to the full Board that the applicant be determined ineligible for a license. This recommendation is based on disciplinary action taken by a health care entity and unprofessional conduct. Mr. Gallardo seconded the motion. All voted in favor. The motion passed.

Applicant #1769 appeared before the Committee in executive session. In open session, Dr. Simonson moved that the committee recommend to the full Board that the Applicant be determined ineligible for a license. This recommendation due to unprofessional conduct and violation of state or federal law connected to the physician’s practice of medicine. Mr. Gallardo seconded the motion. All voted in favor. The motion passed.

Applicant #1772 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’s application be deferred pending completion of an independent medical evaluation. The applicant must reappear before the Licensure Committee after the results of the evaluation have been received. This recommendation is based on unprofessional conduct. Dr. Arambula seconded the motion. Mr. Gallardo opposed the motion. All others voted in favor. The motion passed.

Applicant #1774 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’s appeal be denied and the original determination of ineligibility stands. Mr. Gallardo seconded the motion. All voted in favor. The motion passed.

Applicant #1775 appeared before the Committee in executive session. In open session Mr. Gallardo moved that the committee recommend to the full Board that the applicant be granted an
unrestricted General Medical Radiological Technologist Certificate. Dr. Arambula seconded the motion. All voted in favor. The motion passed.

Applicant #1776 appeared before the Committee, in executive session. In open session, Dr. Guerra moved that the committee recommend to the full Board that the applicant be granted an unrestricted Surgical Assistant license. Dr. Arambula seconded the motion. All voted in favor. The motion passed.

Applicant #1777 appeared before the Committee in executive session. In open session, Mr. Gallardo moved that the committee recommend to the full Board that the Applicant’s be granted an unrestricted General Medical Radiological Technologist Certificate. Dr. Arambula seconded the motion. All voted in favor. The motion passed.

Applicant #1779 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 an unrestricted Respiratory Care Practitioner Certificate. Dr. Arambula seconded the motion. Mr. Gallardo opposed the motion. All others voted in favor. The motion passed.

Applicant #1781 appeared before the Committee 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 with a private referral to the Texas Physician’s Health Program. This recommendation is based on unprofessional conduct and use of alcohol in an intemperate manner. Mr. Denton seconded the motion. All voted in favor. The motion passed.

Applicant #1782 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 with a private referral to the Texas Physician’s Health Program. This recommendation is based on unprofessional conduct. Dr. Arambula seconded the motion. All voted in favor. The motion passed.
Agenda Item 3b - Proposed orders offered by the Executive Director – Ms. Johnston reported on 5 physician licensure, 1 temporary general medical radiological technologist and 1 non-certified radiological technician remedial plans and agreed orders offered by the Executive Director and accepted by applicants. Dr. Arambula moved to recommend to the full Board that the remedial plans and orders be approved. Mr. Gallardo seconded. All voted in favor. The motion passed. Additionally, the Committee directed staff to develop a policy for issuance of temporary licenses to the new license types transferred to the Texas Medical Board under Senate Bill 202 upon the applicant’s agreement to a remedial plan or agreed order offered by the Executive Director. Staff was further directed to draft a rule to allow for a temporary license similar to what is available for other license types.

Agenda Item 3c – Physician licensure applicants to be licensed. There were 209 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 209 physician licensure applicants determined to meet eligibility requirements by staff be approved. Mr. Gallardo seconded the motion. All voted in favor. The motion passed.

Agenda Item 3d – Surgical assistant licensure applicants to be licensed. There were 7 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 7 surgical assistant applicants determined to meet eligibility requirements by staff be approved. Mr. Gallardo seconded the motion. All voted in favor. The motion passed.

Agenda Item 3e – There are none.

Agenda Item 4 – Report on physician licensure statistics. Ms. Johnston reported that physician licenses were issued in the first quarter of FY16 663 in an average of 42 days and 741 physician licenses were issued in the second quarter of FY16 in an average of 43 days. Ms. Johnston also reported that the average time to complete physician licensure applications has not surpassed the legislatively mandated 51 days despite the increased workload for the Licensing staff due to the new license types transferred under Senate Bill 202.
Agenda Item 5a - Discussion, recommendation, and possible action regarding Nonprofit Health Organizations: Applicants for initial certification. There were 8 applications for initial certification as a Nonprofit Health Organization for approval. Dr. Arambula moved to recommend to the full Board that the 8 requests for initial certification as a Nonprofit Health Organization be approved. Mr. Gallardo 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 19 applications for biennial recertification as a Nonprofit Health Organization for approval. Dr. Arambula moved to recommend to the full Board that the 19 requests for biennial recertification as a Nonprofit Health Organization be approved. Mr. Gallardo seconded. All voted in favor and the motion passed.

Agenda Item 5c - Discussion, recommendation, and possible action regarding Nonprofit Health Organizations: Cancellation of organizations certified as Nonprofit Health Organizations. There was 1 application for cancellation as a Nonprofit Health Organization for approval. Dr. Arambula moved to recommend to the full Board that the 1 request for cancellation as a Nonprofit Health Organization be approved. Mr. Gallardo seconded. All voted in favor and the motion passed.

Agenda Item 6 – Discussion, recommendation and possible action regarding proposed amendments and rule review to the following chapters in Title 22 of the Texas Administrative Code:

a. Chapter 163, Licensure
   §163.2 Full Texas Medical License
   §163.5 Licensure Documentation

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

b. Chapter 168, Criminal History Evaluation Letters (Rule Review)

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

c. Chapter 171, Post Graduate Training Permits
§171.3 Physician-in-Training Permits

Dr. Simonson 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.

d. Chapter 184, Surgical Assistants

§184.25 Continuing Education

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.

§184.4 Qualifications for Licensure

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

§184.5 Procedural Rules for Licensure Applicants

Mr. Gallardo 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.

§184.6 Licensure Documentation

§184.8 License Renewal

Agenda Item 7 – Discussion, recommendation and possible action regarding National Practitioner Data Bank (NPDB) report for surgical assistant applicants. Ms. Johnston explained that currently a NPDB report is not part of the application requirements for surgical assistant applicants. The committee directed staff to begin collecting a NPDB report for all surgical assistant applicants, which is consistent with processes for all other professional license types.
Agenda Item 8 – Discussion, recommendation and possible action regarding application questions. Ms. Johnston discussed that the recent change to the application questions has resulted in a decrease in falsification. However, there were three questions which staff felt could benefit from a slight adjustment to ensure applicants would not get caught in a potential falsification for the non-report of issue that the Board felt did not warrant any adverse action. These were the questions related to leave of absence during medical school and training, and resignation from a training program. Staff is proposing to add “for any reason” to the end of each question. The Committee directed staff to proceed with the proposed changes.

Agenda Item 9 - There being no further business, the meeting was adjourned at 4:09 p.m.
March 2016

**Agenda Item 03b – Proposed orders offered by the Executive Director**

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# Board Meeting of March 4, 2016

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| **GRAND TOTAL**   | 188     | 21 | 0  | 209 |
03/02/2016

TEXAS MEDICAL BOARD

FULL LICENSURE APPLICANTS FOR
CONSIDERATION AT MARCH, 2016 BOARD MEETING

1. ABBAS, MALIHA DO
   SCHOOL: TOURO COLL OF OSTEOMED, NEW YORK, NY 10027-2013
   FULL-REG (572886)

2. ACOSTA, SUSELINA MD
   SCHOOL: UNIV OF TEXAS SOUTHWESTERN MED CTR AT DALLAS, MED SCH,
   DALLAS, TX-2012
   FULL-REG (567557)

3. ADAPA, PAVANI MD
   SCHOOL: GANDHI MED COLL, OSMANIA UNIV, HYDERABAD, ANDHRA PRADESH-
   2004
   FULL-REG (596742)

4. AGARWAL, SONIKA MD
   SCHOOL: INST OF MED SCI, BANARAS HINDU UNIV, VARANASI, UTTAR
   PRADESH-1993
   FULL-REG (557725)

5. AKPAN, IMO MURRAY MD
   SCHOOL: UNIV OF PENNSYLVANIA SCH OF MED, PHILADELPHIA-2009
   FULL-REG (599209)

6. ALEXANDER, JAMIE JACOB MD
   SCHOOL: TEXAS A & M UNIV HLTH SCI CTR, COLL OF MED, COLLEGE STATION-
   2010
   FULL-REG (550460)

7. AMARAM, JAYA SHEELA MD
   SCHOOL: S.V.S. MED COLL, NTR UNIV HLTH SCI, MAHBOOBNAGAR, AP, INDIA-
   2007
   FULL-REG (558967)

8. AMTHOR, RACHEL MD
   SCHOOL: WASHINGTON UNIV MED SCH, ST LOUIS-2013
   FULL-REG (573624)

9. ANDREWS, ARUN ANDREW MD
   SCHOOL: KASTURBA MED COLL, MANIPAL ACAD HIGHER ED, MANIPAL,
   KARNATAKA (DEGREES GRANTED PRIOR TO 2008)-2008
   FULL-REG (580942)

10. ANVAR, BARDIA AARON MD
    SCHOOL: MOUNT SINAI SCH OF MED, CITY UNIV OF NEW YORK, NEW YORK-2002
    FULL-REG (588563)

11. ARENAS, CARLITO GAVIOLA MD
    SCHOOL: UNIV OF SANTO TOMAS, MANILA-2006
    FULL-REG (598137)

12. ASSIF, AARON ROBELL MD
    SCHOOL: BAYLOR COLL OF MED, HOUSTON-2012
    FULL-REG (565854)

13. AZEEZ, FARHAN ABDUL DO
    SCHOOL: MICHIGAN STATE UNIV, COLL OF OSTEOMED, EAST LANSING-2012
    FULL-REG (599735)
14. BAILEY, ROGER BLACKWELL II MD
   SCHOOL: UNIV OF TEXAS MED SCHOOL AT SAN ANTONIO, SAN ANTONIO, TX-1987

15. BANSAL, PARDEEP MD
   SCHOOL: VOROSILOVGRAD / LUGANSK MED INST, VOROSILOVFRAD, UKRAINE-2002

16. BAUGH, JONATHAN M DO
   SCHOOL: EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE,
   BLACKSBURG, VA-2009

17. BERRY, ELENA MARIE MD
   SCHOOL: UNIV OF TEXAS MED SCHOOL AT SAN ANTONIO, SAN ANTONIO, TX-2014

18. BHALWAL, ASHA BHAGSINGH MD
   SCHOOL: K J SOMAIYA MED COLL, UNIV OF MUMBAI, CHEMBUR, BOMBAY,
   INDIA-2002

19. BHATNAGAR, SONAL MD
   SCHOOL: GRANT MED COLL, UNIV OF BOMBAY, BYCULLA, BOMBAY, INDIA-2008

20. BOSTICK SMITH, CHEVELTA A DO
   SCHOOL: MICHIGAN STATE UNIV, COLL OF OSTEO MED, EAST LANSING-1998

21. BRAGA, ANTONIO MD
   SCHOOL: ALBANY MED COLL OF UNION UNIV, ALBANY-2002

22. BRAMBLETT, KEELEY LANE MD
   SCHOOL: TEXAS TECH UNIV HLTH SCI CTR, LUBBOCK-2013

23. BRANDFELLNER, HEATHER M DO
   SCHOOL: UNIV OF NORTH TEXAS HLTH SCI CTR, FORT WORTH-2009

24. BROOKS, MICHAEL AUSTIN MD
   SCHOOL: BAYLOR COLL OF MED, HOUSTON-2011

25. BROWN, JOBETH BOURQUE MD
   SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2013

26. BURKE, HALEY MD
   SCHOOL: UNIV OF TEXAS MED SCHOOL AT SAN ANTONIO, SAN ANTONIO, TX-2009
03/02/2016 TEXAS MEDICAL BOARD
FULL LICENSURE APPLICANTS FOR
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27. BUTLER-WILLIAMS, SHANNON ALAYNA MD
   SCHOOL: ST GEORGE'S UNIV, ST GEORGE'S-2011
   FULL-REG (593397)

28. CARAM, BIANCA MARIE MD
   SCHOOL: TEXAS A & M UNIV HLTH SCI CTR, COLL OF MED, COLLEGE STATION-2012
   FULL-REG (566960)

29. CARLTON, SHARREL MARIE MD
   SCHOOL: UNIV OF SOUTHERN CALIFORNIA KECK SCh OF MED, LOS ANGELES, CA 90033-1993
   FULL-REG (595951)

30. CATT, KARYN EMMANUEL MD
    SCHOOL: UNIV OF MED, INDIANAPOLIS, IN-1991
    FULL-REG (596884)

31. CHACKO, MARY ANNE SAPNA MD
    SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2012
    FULL-REG (566055)

32. CHALLAPALLI, ROOPA MD
    SCHOOL: GUNTUR MED COLL, UNIV OF HLTH SCI, GUNTUR, ANDHRA PRADESH, INDIA-1979
    FULL-REG (591118)

33. CHAN, GALANT AU MD
    SCHOOL: BAYLOR COLL OF MED, HOUSTON-2007
    FULL-REG (595164)

34. CHANDRAPRAKASAM, SATISH MD
    SCHOOL: STANLEY MED COLL, MADRAS UNIV, MADRAS, TAMIL NADU-2004
    FULL-REG (599013)

35. CHATHA, AVAIS MURAD MD
    SCHOOL: KING EDWARD MED COLL, LAHORE, WEST PAKISTAN-2006
    FULL-REG (599274)

36. CHINNASAMY, KRISHNAMANI MD
    SCHOOL: MOHAN KUMARAMANGALAM MEDICAL COLLEGE, DR M.G.R. MEDICAL UNIV, TAMIL NADU, INDIA-1999
    FULL-REG (592584)

37. CHISHTI, WAQAS AHMED MD
    SCHOOL: KING EDWARD MED COLL, LAHORE, WEST PAKISTAN-1998
    FULL-REG (598980)

38. CHRISTIE, MICHELLE ROSE MD
    SCHOOL: UNIV OF TX MEDICAL SCHOOL AT HOUSTON, HOUSTON, TX-2011
    FULL-REG (557956)

39. COBOS, HELENA SARAI MD
    SCHOOL: UNIV AUTO DE NUEVO LEON, FAC DE MED, MONTERREY, NUEVO LEON, MEXICO-2006
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03/02/2016	TENASX MEDICAL BOARD
FULL LICENSURE APPLICANTS FOR
CONSIDERATION AT MARCH, 2016 BOARD MEETING

53. DURAN, CIHAN MD
SCHOOL: HACETTEPE UNIV, ANKARA-1989

54. DURSO, PETER JOHN MD
SCHOOL: UNIV OF NEW MEXICO SCH OF MED, ALBUQUERQUE-2009

55. ESQUENAZI LEVY, YOSHUA MD
SCHOOL: UNIV DE ANAHUAC, MEXICO-2007

56. ESQUIVEL, HEATHER MICHELE MD
SCHOOL: BROWN UNIVERSITY PROGRAM IN MEDICINE, PROVIDENCE-2005

57. FAIRCHILD, TAMMY LYNN MD
SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2009

58. FEINGOLD, WILLIAM ISAAC DO
SCHOOL: PHILADELPHIA COLL OF OSTEO MED, PHILADELPHIA-2013

59. FERGUSON, CHRIS-GERALD MD
SCHOOL: UNIV OF ILLINOIS COLLEGE OF MEDICINE, CHICAGO-2013

60. FLynn, ADAM NEIII MD
SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2000

61. FONTES, BRUNO OLIVEIRA MD
SCHOOL: UNIV OF TEXAS MED SCHOOL AT SAN ANTONIO, SAN ANTONIO, TX-
2012

62. FRANKLIN, GEORGE LEE JR DO
SCHOOL: OHIO UNIV COLL OF OSTEO MED, ATHENS-1992

63. FREDERICKS, ANDREW SAMUEL MD
SCHOOL: UNIV OF MISSISSIPPI SCH OF MED, JACKSON-2014

64. FREEMAN, RICHARD BENTON JR MD
SCHOOL: JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV, PHILADELPHIA-
1983

65. GARCIA SOTO, ARLENE ESTHER MD
SCHOOL: UNIV OF PUERTO RICO SCH OF MED, SAN JUAN-2008
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<td>GAVVALA, JAY R MD</td>
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<td>GERTSCH, MATTHEW C MD</td>
<td>SCHOOL: UNIV OF NORTH CAROLINA AT CHAPEL HILL SCH OF MED, CHAPEL MOUNTAIN</td>
<td>CHAPEL HILL-2012</td>
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<td>68.</td>
<td>GHAWI, HANI MD</td>
<td>SCHOOL: UNIV OF MUSTANSIRIAH, BAGHDAD</td>
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<td>GLASS, ERIC EDWARD MD</td>
<td>SCHOOL: GEORGETOWN UNIV SCH OF MED, WASHINGTON</td>
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<td>GNANASEKERAM, HARI MD</td>
<td>SCHOOL: ROSS UNIV, ROSEAU</td>
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<td>GOODMAN, STEVEN MD</td>
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<td>GRASSO, VICTORIA DO</td>
<td>SCHOOL: NEW YORK COLL OF OSTEOPATHIC MEDICINE</td>
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<td>HABERMAN, AMY DAVIS MD</td>
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<td>HANCOCK, CLIFTON WILLIAM MD</td>
<td>SCHOOL: UNIV OF COLORADO SCHOOL OF MEDICINE</td>
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<td>HAQUE, NADEEM UL MD</td>
<td>SCHOOL: SIND MED COLL, UNIV OF KARACHI</td>
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<td>HARDY, LINDSAY BONNER MD</td>
<td>SCHOOL: UNIV OF TEXAS MED SCHOOL AT SAN ANTONIO</td>
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<td>HARIS, SHAMAILA MD</td>
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79. HATFIELD, LANDON M MD
   SCHOOL: UNIV OF TX MEDICAL SCHOOL AT HOUSTON, HOUSTON, TX-2013

80. HILL, RONALD CLAIRE MD
   SCHOOL: TULANE UNIV SCH OF MED, NEW ORLEANS-1983

81. HOOLI, SHUBHADA MD
   SCHOOL: UNIV OF FLORIDA COLL OF MED, GAINESVILLE-2006

82. HORTON, RYAN MD
   SCHOOL: UNIV OF TEXAS MED SCHOOL AT SAN ANTONIO, SAN ANTONIO, TX-2014

83. HOWARD, TAYLOR STEWART MD
   SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2013

84. HSIEH, PEI CHIN MD
   SCHOOL: UNIV OF OTAGO, DUNEDIN-1999

85. IMTIAZ, RASHEEN MD
   SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2013

86. JENKS, CHRISTOPHER LOREN MD
   SCHOOL: SABA UNIV SCH OF MED, SABA, NETHERLANDS ANTILLES
   (MATRICULATED AFTER 2002)-2009

87. JOE, BOBBY YOUNG MD
   SCHOOL: UNIV OF MISSISSIPPI SCH OF MED, JACKSON-1981

88. JONES, JEREMY RYAN MD
   SCHOOL: TEXAS TECH UNIV HLTH SCI CTR, LUBBOCK-2011

89. JUAN-RAMIREZ, JUAN PABLO MD
   SCHOOL: PONCE SCHOOL OF MEDICINE, PONCE-2011

90. KAMALI, ARASH MD
    SCHOOL: SHAHID BEHESHTI UNIV, FAC MED, TEHERAN, IRAN-2003

91. KAMATHAM, MADHURI MD
    SCHOOL: STANLEY MED COLL, MADRAS UNIV, MADRAS, TAMIL NADU-2002
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<td>UNIV DE ANAHUAC, MEXICO</td>
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105. MAHAJAN, NAKUL MD  
SCHOOL: ROSS UNIV, ROSEAU-2008
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106. MALATESTA MUNCHER, ROSSANA MD  
SCHOOL: FAC MED CAYETANO HEREDIA, UNIV PERUANA, LIMA-2004
FULL-REG (587090)

107. MALIE, PATRICK MICHAEL DO  
SCHOOL: PHILADELPHIA COLL OF OSTEOMED, GEORGIA CAMPUS, SUWANEE,
GA 20024-2014
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108. MARTIN, FRANCOIS RENE MD  
SCHOOL: LOUISIANA STATE UNIV SCH OF MED, NEW ORLEANS-1979
FULL-REG (576997)

109. MARTINEZ, HIRAM ALBERTO MD  
SCHOOL: LOYOLA UNIV OF CHICAGO, STRITCH SCH OF MED, MAYWOOD-2013
FULL-REG (574600)

110. MASCARENAS, RANDHIR MD  
SCHOOL: UNIV OF MANITOBA, WINNIPEG-2007
FULL-REG (579141)

111. MAXSON, ROBERT TRAVIS MD  
SCHOOL: EASTERN VIRGINIA MED SCH OF THE MED COLL OF HAMPTON ROADS,
NORFOLK-2010
FULL-REG (595651)

112. MAZEK, HAITHAM A MUSTAPA MD  
SCHOOL: UNIV OF GARYUNIS, BENGHAZI-2006
FULL-REG (599905)

113. MCFARLANE, NADIA ANNE MD  
SCHOOL: STATE UNIV OF NEW YORK, BUFFALO SCH OF MED, BUFFALO-2007
FULL-REG (597674)

114. MEISSNER, MATTHEW ARTHUR MD  
SCHOOL: UNIV OF TEXAS MED SCHOOL AT SAN ANTONIO, SAN ANTONIO, TX-
2011
FULL-REG (558920)

115. MILLER, JASON DO  
SCHOOL: WESTERN U HLTS SCI, COL OSTEOMED OF THE PACIFIC, POMONA, CA-
2013
FULL-REG (583114)

116. MILLER, MARIAN CHRISTINE MD  
SCHOOL: UNIV OF TOLEDO COLL OF MED, TOLEDO OH (ALTERNATE SCHOOL
NAME: MED COLL OF OHIO)-2008
FULL-REG (599268)

117. MILLER, PATRICIA KATHLEEN MD  
SCHOOL: BOWMAN GRAY SCH OF MED OF WAKE FOREST UNIV, WINSTON-
SALEM-2011
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<td>NDRI, KOUAME STEPHANE MD</td>
<td>SCHOOL: UNIV OF TEXAS SOUTHWESTERN MED CTR AT DALLAS, MED SCH, DALLAS, TX-2012</td>
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<td>NICLAS, JOSHUA MD</td>
<td>SCHOOL: SAN FRANCISCO SCH OF MED, UNIV OF CALIFORNIA, SAN FRANCISCO-1997</td>
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<td>NIDA, ANDREW MERLAN MD</td>
<td>SCHOOL: LOUISIANA STATE UNIV SCH OF MED, SHREVEPORT-2011</td>
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CONSIDERATION AT MARCH, 2016 BOARD MEETING

131.  OO, SHWE YEE MD
      SCHOOL: INST OF MED I, RANGOON-2004
      FULL-REG (573554)

132.  OSBORN, LESLEY ANNE MD
      SCHOOL: UNIV OF SOUTH CAROLINA SCH OF MED, COLUMBIA-2013
      FULL-REG (598465)

133.  OWEN, JOHN DUANE MD
      SCHOOL: UNIV OF MISSOURI-KANSAS CITY, SCHOOL OF MEDICINE-1981
      FULL-REG (595138)

134.  PACHNANDA, ALEXANDER ALOK MD
      SCHOOL: PRITZKER SCH OF MED, UNIV OF CHICAGO, CHICAGO-1997
      FULL-REG (489752)

135.  PANDEY, DAMODAR MD
      SCHOOL: RANGPUR MED COLL, RANGPUR-2002
      FULL-REG (595674)

136.  PARKER, BRADEN MD
      SCHOOL: NEW YORK MED COLL, VALHALLA-2013
      FULL-REG (599494)

137.  PASTEUR, NICHOLAS MD
      SCHOOL: UNIV OF FLORIDA COLL OF MED, GAINESVILLE-2012
      FULL-REG (596516)

138.  PATEL, AMIT MD
      SCHOOL: FLORIDA STATE UNIV, TALLAHASSEE-2013
      FULL-REG (598979)

139.  PAWLOWICZ, NATALIA KLOSAK MD
      SCHOOL: UNIV OF FLORIDA COLL OF MED, GAINESVILLE-2011
      FULL-REG (596770)

140.  PAYNE, BRIAN MD
      SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2010
      FULL-REG (599683)

141.  PERISETTI, ABHILASH MD
      SCHOOL: OSMANIA MED COLL, HYDERABAD, ANDHRA PRADESH-2008
      FULL-REG (599337)

142.  PIERCE, JONTEL DANSBY MD
      SCHOOL: HOWARD UNIV COLLEGE OF MEDICINE, WASHINGTON-2012
      FULL-REG (597909)

143.  POSTALIAN, ALEXANDER MD
      SCHOOL: UNIV CENTRAL DE VENEZUELA, ESC DE MED "LUIS RAZETTI",
      CARACAS-2010
      FULL-REG (574070)
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144. RANPHUL, SREE LATHA YAKKALA DO
     SCHOOL: UNIV OF NORTH TEXAS HLTH SCI CTR, FORT WORTH-2013
     FULL-REG (575506)

145. REZVANKHOO, KABIR MD
     SCHOOL: EASTERN VIRGINIA MED SCH OF THE MED COLL OF HAMPTON ROADS,
     NORFOLK-2007
     FULL-REG (597325)

146. ROBERTS PENA, LAURA EVELYN MD
     SCHOOL: BAYLOR COLL OF MED, HOUSTON-2013
     FULL-REG (573656)

147. ROSENBERGER, ERIC SCOTT MD
     SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2010
     FULL-REG (597192)

148. ROSSETTIE, ANTHONY S MD
     SCHOOL: STATE UNIV OF NEW YORK HLTH SCI CTR, SYRACUSE COLL OF MED,
     SYRACUSE-2013
     FULL-REG (599085)

149. SAIKIN, PHILIP HENRY MD
     SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2013
     FULL-REG (574073)

150. SAJAN, NIDA ALI DO
     SCHOOL: UNIV OF NORTH TEXAS HLTH SCI CTR, FORT WORTH-2013
     FULL-REG (574603)

151. SALDANHA, VILAS MD
     SCHOOL: DREXEL UNIV COL OF MEDICINE-2007
     FULL-REG (596575)

152. SAMAL, ANDREY ALEKSEANDROVICH MD
     SCHOOL: BELARUSSIAN STATE MEDICAL UNIV, MINSK, BELARUS-1999
     FULL-REG (598857)

153. SARKAR, SOHINI DO
     SCHOOL: LAKE ERIE COLL OF OSTEO MED, ERIE, PA-2012
     FULL-REG (597377)

154. SCOTT, PAULINE MD
     SCHOOL: UNIV OF OKLAHOMA COLL OF MED, OKLAHOMA CITY-2012
     FULL-REG (643068)

155. SEAY, MICHAEL BRUCE MD
     SCHOOL: WAYNE STATE UNIV SCH OF MED, DETROIT-2000
     FULL-REG (590114)

156. SELVARATNAM, SHARLENE KARMI MD
     SCHOOL: UNIV OF WESTERN ONTARIO, FAC OF MED, LONDON, ONTARIO,
     CANADA-2006
     FULL-REG (598335)

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157. SERRATO, JORGE RAFAEL MD
SCHOOL: UNIV OF TEXAS MED BRANCH, GALVESTON-2012
FULL-REG (566604)

158. SEYMOUR, KRISTA ZARI MD
SCHOOL: ST GEORGE'S UNIV, ST GEORGE'S-2013
FULL-REG (574076)

159. SHAH, NEEL NITIN MD
SCHOOL: MEDICAL COLLEGE OF GEORGIA, AUGUSTA-2012
FULL-REG (642917)

160. SHAKESPEARE, WALTER GREGORY DO
SCHOOL: CHICAGO COLL OF OSTEOPHYSICIAN MED, MIDWESTERN UNIV, CHICAGO, IL-2010
FULL-REG (581073)

161. SHANMUGANATHAN, SUSILA MD
SCHOOL: AMERICAN UNIV OF ANTIGUA, COLL OF MED, WOODS, ANTIGUA & BARBUDA-2012
FULL-REG (587853)

162. SHARP, JACK KEVIN MD
SCHOOL: MCGILL UNIV, MONTREAL-1989
FULL-REG (598653)

163. SHETTY, SHALINI MD
SCHOOL: DR B R AMBEDKAR MED COLL BANGALORE UNIV KADUGONDANAHALLI KARNATAKA-2002
FULL-REG (598932)

164. SHOU, JASON MD
SCHOOL: UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL, NEW BRUNSWICK, NJ-2004
FULL-REG (548061)

165. SIDDQUI, BEENISH MD
SCHOOL: DOW MED COLL, UNIV OF KARACHI, KARACHI, PAKISTAN-2006
FULL-REG (595592)

166. SINGLETON, MASON MD
SCHOOL: TEXAS A & M UNIV HLTH SCI CTR, COLL OF MED, COLLEGE STATION-2013
FULL-REG (573708)

167. SIU CHANG, ANA LUCIA MD
SCHOOL: UNIV DE SAN MARTIN DE PORRES, FACULTAD DE MEDICINA, LIMA-2010
FULL-REG (574532)

168. SLAUGHTER, J MACK JR MD
SCHOOL: UNIV OF TEXAS SOUTHWESTERN MED CTR AT DALLAS, MED SCH, DALLAS, TX-2013
FULL-REG (575337)

169. SOLUS, JASON FRANK MD
SCHOOL: THE JOHNS HOPKINS UNIV SCH OF MED, BALTIMORE-2011
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<td>182</td>
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03/02/2016

TEXAS MEDICAL BOARD

TELEMEDICINE LICENSURE APPLICANTS FOR
CONSIDERATION AT MARCH, 2016 BOARD MEETING

1. CHANG, JOHANNA M MD
   SCHOOL: ALBANY MED COLL OF UNION UNIV, ALBANY-2008

2. MENN, KIRSTEN ALEXANDRA MD
   SCHOOL: YALE UNIV SCHOOL OF MEDICINE, NEW HAVEN-2006
March 2016

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

1. Ajanovic, Bakir
2. Binkley, Melissa Hernandez
3. Guerra, Liliana
4. Janzen, Dustin W
5. Jimenez, Jason Phillip
6. Perkins, Carlton Wayne
7. Wise, Ashton Elizabeth
Agenda Item 5a: Applications for Initial Certification as Nonprofit Health Organization

1) 1960 Physician Associates
2) All Care Physicians Group
3) Craniofacial Team of Texas Partners, Inc.
4) MedGen, Inc.
5) PAM Physician Enterprise
6) Southeast Texas Health Services, Inc.
7) Southwestern Health Resources Extended Physicians
8) Southwestern Health Resources Physician Network
Agenda Item 5b: Applications for Biennial Recertification as Nonprofit Health Organizations

1. Atascosa Health Center, Inc.
2. Barrio Comprehensive Family Health Care – d/b/a CommuniCare Health Centers
3. BHS Physicians Network, Inc.
4. Central Texas Palliative Care Associates
5. Corphealth Provider Link, Inc.
6. Dallas Methodist Physicians Network
7. Greater Hill Country Alliance
9. Heart of Texas Community Health Center, Inc.
10. La Esperanza Clinic, Inc.
11. Lone Star Circle of Care
12. Mid Valley Physicians Association
13. Montgomery County Clinical Services, Inc.
14. NUCH of Texas
15. OPGT, Inc.
16. Premier PHC Physician Group, Inc.
17. SMMC Medical Group
19. Timberland Medical Group
Agenda Item 5c: Cancellation of Organizations Certified as Nonprofit Health Organizations

1. Capital Area Neurosurgeons
§163.2. Full Texas Medical License.

(a) through (c) unchanged

(d) Alternative License Procedures for Military Service Members, Military Veterans, and Military Spouses.

(1) An applicant who is a military service member, military veteran, or military spouse 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 a military service member, military veteran, or military spouse and meet one of the following requirements:

(A) holds an active unrestricted medical license issued by another state that has licensing requirements that are substantially equivalent to the requirements for a Texas medical license; or

(B) within the five years preceding the application date held a medical license in this state.

(3) The executive director may waive any prerequisite to obtaining a license for an applicant described by this subsection after reviewing the applicant’s credentials.

(4) Applications for licensure from applicants qualifying under this subsection, shall be expedited by the board's licensure division as if they meet the provisions of §163.13 of this title (relating to expedited Licensure Process). 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.

(5) Alternative Demonstrations of Competency Allowed. Applicants qualifying under this subsection:

(A) are not required to comply with §163.7 of this title (relating to Ten Year Rule); and

(B) in demonstrating compliance with §163.11(a) of this title (relating to Active Practice of Medicine), must only provide sufficient documentation to the board that the applicant has, on a full-time basis, actively diagnosed or treated persons or has been on the active teaching faculty of an acceptable approved medical school, within one of the last three years preceding receipt of an Application for licensure.

(e) 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 §163.1 of this title, 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 medical license suspended or revoked by another state or a Canadian province;
(B) holds a medical 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.
Rule 163.5  Licensure Documentation

(a) – (c) unchanged

(d) Applicants may be required to submit other documentation, which may include the following:

(1) Translations. Any document that is in a language other than the English language will need to have a certified translation prepared and a copy of the translation will have to be submitted along with the translated document.

   (A) An official translation from the medical school (or appropriate agency) attached to the foreign language transcript or other document is acceptable.

   (B) If a foreign document is received without a translation, the board will send the applicant a copy of the document to be translated and returned to the board.

   (C) Documents must be translated by a translation agency that is a member of the American Translations Association or a United States college or university official.

   (D) The translation must be on the translator's letterhead, and the translator must verify that it is a "true word for word translation" to the best of his/her knowledge, and that he/she is fluent in the language translated, and is qualified to translate the document.

   (E) The translation must be signed in the presence of a notary public and then notarized. The translator's name must be printed below his/her signature. The notary public must use this phrase: "Subscribed and Sworn to this ________ day of ________, 20___." The notary must then sign and date the translation, and affix his/her Notary Seal to the document.

(2) Arrest Records. If an applicant has ever been arrested, a copy of the arrest and arrest disposition need to be requested from the arresting authority and said authority must submit copies directly to this board.

(3) Malpractice. If an applicant has ever been named in a malpractice claim filed with any medical liability carrier or if an applicant has ever been named in a malpractice suit, the applicant must do the following:

   (A) have each medical liability carrier complete a form furnished by the board regarding each claim filed against the applicant's insurance;

   (B) for each claim that becomes a malpractice suit, have the attorney representing the applicant in each suit submit a letter directly to the board explaining the allegation, dates of the allegation, and current status of the suit. If the suit has been closed, the attorney must state the disposition of the suit, and if any money was paid, the amount of the settlement. The letter should include supporting court records. If such letter is not available, the applicant will be required to furnish a notarized affidavit explaining why this letter cannot be provided; and

   (C) provide a statement, composed by the applicant, explaining the circumstances pertaining to patient care in defense of the allegations.

(4) Inpatient Treatment for Alcohol/Substance Disorder or Physical or Mental Illness. Each applicant who has been admitted to an inpatient facility within the last five years for the treatment of alcohol/substance disorder or mental illness (recurrent or severe major depressive disorder, bipolar disorder, schizophrenia, schizoaffective disorder, or any severe personality
disorder), or a physical illness that impaired the applicant's ability to practice medicine, shall submit documentation to include items listed in subparagraphs (A) - (D) of this paragraph. An inpatient facility shall include a hospital, ambulatory surgical center, nursing home, and rehabilitation facility.

(A) an applicant's statement explaining the circumstances of the hospitalization;
(B) all records, submitted directly from the inpatient facility;
(C) a statement from the applicant's treating physician/psychotherapist as to diagnosis, prognosis, medications prescribed, and follow-up treatment recommended; and
(D) a copy of any contracts signed with any licensing authority or medical society or impaired physician's committee.

(5) Outpatient Treatment for Alcohol/Substance Disorder or Mental Illness. Each applicant who has been treated on an outpatient basis within the last five years for alcohol/substance disorder or mental illness (recurrent or severe major depressive disorder, bipolar disorder, schizophrenia, schizoaffective disorder, or any severe personality disorder), or a physical illness that impaired the applicant's ability to practice medicine, shall submit documentation to include, but not limited to:

(A) an applicant's statement explaining the circumstances of the outpatient treatment;
(B) a statement from the applicant's treating physician/psychotherapist as to diagnosis, prognosis, medications prescribed, and follow-up treatment recommended; and
(C) a copy of any contracts signed with any licensing authority or medical society or impaired physician's committee.

(6) DD214. A copy of the DD214, indicating separation from any branch of the United States military.

(7) Premedical School Transcript. Applicants, upon request, may be required to submit a copy of the record of their undergraduate education. Transcripts must show courses taken and grades obtained. If determined that the documentation submitted by the applicant is not sufficient to show proof of the completion of 60 semester hours of college courses other than in medical school or education required for country of graduation, the applicant may be requested to contact the Office of Admissions at The University of Texas at Austin for course work verification.

(8) Fingerprint Card. Upon request, applicants must complete a fingerprint card and return to the board as part of the application.

(9) Additional Documentation. Additional documentation as is deemed necessary to facilitate the investigation of any application for medical licensure.

[remainder of rule unchanged]
Texas Administrative Code

TITLE 22  EXAMINING BOARDS  
PART 9  TEXAS MEDICAL BOARD  
CHAPTER 168  CRIMINAL HISTORY EVALUATION LETTERS

Rules

§168.1 Purpose

§168.2 Criminal History Evaluation Letters
The purpose of this chapter is to provide a process by which an individual may request a criminal history evaluation letter regarding the person's eligibility for a license issued by the Texas Medical Board, the Texas Physician Assistant Board, and the Texas State Board of Acupuncture Examiners, as allowed by §53.102 of the Texas Occupations Code.

Source Note: The provisions of this §168.1 adopted to be effective November 29, 2009, 34 TexReg 8531
TITLE 22  EXAMINING BOARDS  
PART 9  TEXAS MEDICAL BOARD  
CHAPTER 168  CRIMINAL HISTORY EVALUATION LETTERS  
RULE §168.2  Criminal History Evaluation Letters  

(a) Prior to applying for licensure, an individual seeking licensure may request that agency staff review the person's criminal history to determine if the person is ineligible for licensure based solely on the person's criminal background.

(b) Requestors must submit their requests in writing along with appropriate fees as provided in §175.1 of this title (relating to Application Fees).

(c) The agency may require additional documentation including fingerprint cards before issuing a criminal history evaluation letter.

(d) The agency shall provide criminal history evaluation letters that include the basis for ineligibility if grounds for ineligibility exist to all requestors no later than the 90th day after the agency receives all required documentation to allow the agency to respond to a request.

(e) If a requestor does not provide all requested documentation within one year of submitting the original request, the requestor must submit a new request along with appropriate fees.

(f) All evaluations letters shall be based on existing law at the time of the request. All requestors remain subject to the requirements for licensure at the time of application and may be determined ineligible under existing law at the time of application. If a requestor fails to provide complete and accurate information to the agency, the agency may invalidate the criminal history evaluation letter.

(g) An individual shall be permitted to apply for licensure, regardless of the agency's determination in a criminal history evaluation letter.

Source Note: The provisions of this §168.2 adopted to be effective November 29, 2009, 34 TexReg 8531
Rule 171.3

(a) – (b) unchanged

(c) Application for Physician-in-Training Permit.

(1) Application Procedures.

(A) Applications for a physician-in-training permit shall be submitted to the board no earlier than the 120th day prior to the date the applicant intends to begin postgraduate training in Texas to ensure the application information is not outdated. To assist in the expedited processing of the application, the application should be submitted as early as possible within the sixty-day window prior to the date the applicant intends to begin postgraduate training in Texas.

(B) The board may, in unusual circumstances, allow substitute documents where exhaustive efforts on the applicant's part to secure the required documents is presented. These exceptions shall be reviewed by the board's executive director on a case-by-case basis.

(C) For each document presented to the board, which is in a foreign language, an official word-for-word translation must be furnished. The board's definition of an official translation is one prepared by a government official, official translation agency, or a college or university official, on official letterhead. The translator must certify that it is a "true translation to the best of his/her knowledge, that he/she is fluent in the language, and is qualified to translate." He/she must sign the translation with his/her signature notarized by a Notary Public. The translator's name and title must be typed/printed under the signature.

(D) The board's executive director shall review each application for training permit and shall approve the issuance of physician-in-training permits for all applicants eligible to receive a permit. The executive director shall also report to the board the names of all applicants determined to be ineligible to receive a permit, together with the reasons for each recommendation. The executive director may refer any application to a committee or panel of the board for review of the application for a determination of eligibility.

(E) An applicant deemed ineligible to receive a permit by the executive director may request review of such recommendation by a committee or panel of the board within 20 days of written receipt of such notice from the executive director.

(F) If the committee or panel finds the applicant ineligible to receive a permit, such recommendation together with the reasons for the recommendation, shall be submitted to the board unless the applicant makes a written request for a hearing within 20 days of receipt of notice of the committee's or panel's determination. The hearing shall be before an administrative law judge of the State Office of Administrative Hearings and shall comply with the Administrative Procedure Act, the rules of the State Office of Administrative Hearings and the board. The board shall, after receiving the administrative law judge's proposed findings of fact and conclusions of law, determine the eligibility of the applicant to receive a permit. A physician whose application to receive a permit is denied by the board shall receive a written statement containing the reasons for the board's action.
(G) All reports and investigative information received or gathered by the board on each applicant are confidential and are not subject to disclosure under the Public Information Act, Government Code Chapter 552 and the Medical Practice Act, Texas Occupations Code §§155.007(g), 155.058, and 164.007(c). The board may disclose such reports and investigative information to appropriate licensing authorities in other states.

(H) All applicants for physician-in-training permits whose applications have been filed with the board in excess of one year will be considered expired.

(I) If the Executive Director determines that the applicant clearly meets all PIT requirements, the Executive Director or a person designated by the Executive Director, may issue a permit to the applicant, to be effective on the date of the reported first date of the training program without formal board approval, as authorized by §155.002(b) of the Act.

(J) If the Executive Director determines that the applicant does not clearly meet all PIT requirements, a PIT may be issued only upon action by the board following a recommendation by the Licensure Committee, in accordance with §155.007 of the Act (relating to Application Process) and §187.13 of this title (relating to Informal Board Proceedings Relating to Licensure Eligibility).

(K) If the Executive Director determines that the applicant is ineligible for a PIT for one or more reasons listed under subsection (b)(1)(A) and (C) - (E) of this section, the applicant may appeal that decision to the Licensure Committee before completing other licensure requirements for a determination by the Committee solely regarding issues raised by the determination of eligibility. If the Committee overrules the determination of the Executive Director, the applicant may then provide additional information to complete the application, which must be analyzed by board staff and approved before a license may be issued.

(2) Physician-in-Training Permit Application. An application for a physician-in-training permit must be on forms furnished by the board and include the following:

(A) the required fee as mandated in the Medical Practice Act, §153.051 and as construed in board rules;

(B) certification by the postgraduate training program:

(i) for a Texas postgraduate training program, a certification must be completed by the director of medical education, the chair of graduate medical education, the program director, or, if none of the previously named positions is held by a Texas licensed physician, the Texas Licensed supervising physician of the postgraduate training program on a form provided by the board that certifies that:

(I) the program meets the definition of an approved postgraduate training program in subsection (a)(1), (a)(2), and (a)(4) of this section;

(II) the applicant has met all educational and character requirements established by the program and has been accepted into the program; and

(III) the program has received a letter from the dean of the applicant's medical school that states that the applicant is scheduled to graduate from medical school before the date the applicant plans to begin postgraduate training, if the applicant has not yet graduated from medical school.
(ii) if the applicant is completing rotations in Texas as part of the applicant's residency out-of-state training program or with the military:

   (I) a certification must be completed by the director of medical education, the chair of graduate medical education, the program director, or, if none of the previously named positions is held by a physician licensed in any state, the supervising physician, licensed in any state, of the postgraduate training program on a form provided by the board that certifies that:

   (-a-) the program meets the definition of an approved postgraduate training program in subsection (a)(1), (a)(2), and (a)(4) of this section;

   (-b-) the applicant has met all educational and character requirements established by the program and has been accepted into the program;

   (-c-) the program has received a letter from the dean of the applicant's medical school which states that the applicant is scheduled to graduate from medical school before the date the applicant plans to begin postgraduate training, if the applicant has not yet graduated from medical school; and

   (II) a certification by the Texas Licensed physician supervising the Texas rotations of the postgraduate training program on a form provided by the board that certifies:

   (-a-) the facility at which the rotations are being completed;

   (-b-) the dates the rotations will be completed in Texas; and

   (-c-) that the Texas on-site preceptor physician will supervise and be responsible for the applicant during the rotation in Texas;

   (C) arrest records. If an applicant has ever been arrested, a copy of the arrest and arrest disposition must be requested from the arresting authority by the applicant and said authority must submit copies directly to the board;

   (D) medical records for inpatient treatment for alcohol/substance disorder, mental illness, and physical illness. Each applicant who has been admitted to an inpatient facility within the last five years for the treatment of alcohol/substance disorder, mental illness (recurrent or severe major depressive disorder, bipolar disorder, schizophrenia, schizoaffective disorder, or any severe personality disorder), or a physical illness that impairsthe applicant's ability to practice medicine, shall submit documentation to include, but not limited to:

      (i) an applicant's statement explaining the circumstances of the hospitalization;

      (ii) all records, submitted directly from the inpatient facility;

      (iii) a statement from the applicant's treating physician/psychotherapist as to diagnosis, prognosis, medications prescribed, and follow-up treatment recommended; and

      (iv) a copy of any contracts signed with any licensing authority or medical society or impaired physician's committee;

   (E) medical records for outpatient treatment for alcohol/substance disorder, mental illness, or physical illness. Each applicant that has been treated on an outpatient basis within the last five years for alcohol/substance abuse, mental illness (recurrent or severe major depressive disorder, bipolar disorder, schizophrenia, schizoaffective disorder, or any severe personality disorder), or a physical illness that impairsthe applicant's ability to practice medicine, shall submit documentation to include, but not limited to:

      (i) an applicant's statement explaining the circumstances of the outpatient treatment;
(ii) a statement from the applicant's treating physician/psychotherapist as to diagnosis, prognosis, medications prescribed, and follow-up treatment recommended; and

(iii) a copy of any contracts signed with any licensing authority or medical society or impaired physician's committee;

(F) an oath on a form provided by the board attesting to the truthfulness of statements provided by the applicant;

(G) such other information or documentation the board and/or the executive director deem necessary to ensure compliance with this chapter, the Medical Practice Act and board rules.

(3) Physician-in-Training Application for Rotator PITs. If the applicant is enrolled in postgraduate training program that is outside of Texas, and requests a permit to complete a rotation in Texas that is less than 60 consecutive days as part of an approved postgraduate training, the applicant must submit all documents listed in paragraph (2) of this subsection except that the applicant shall not be required to submit medical records as listed in paragraph (2)(D) and (E) of this subsection.

[remainder of the rule unchanged]
§184. 4. Qualifications for Licensure.

(a) through (b) remain unchanged

(c) Alternative License Procedures for Military Service Members, Military Veterans, and Military Spouses.
   
   (1) An applicant who is a military service member, military veteran, or military spouse 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 a military service member, military veteran, or military spouse 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.
   
   (3) The executive director may waive any prerequisite to obtaining a license for an applicant described by this subsection [§184.4(c)(1)] after reviewing the applicant’s credentials.
   
   (4) 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.
   
   (5) 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.
184.5 Procedural Rules for Licensure Applicants

(a) An applicant for licensure:
   (1) whose documentation indicates any name other than the name under which the applicant has applied must furnish proof of the name change;
   (2) whose applications have been filed with the board in excess of one year will be considered expired. Any fee previously submitted with that application shall be forfeited unless otherwise provided by §175.5 of this title (relating to Payment of Fees or Penalties). Any further request for licensure will require submission of a new application and inclusion of the current licensure fee. An extension to an application may be granted under certain circumstances, including:
      (A) Delay by board staff in processing an application;
      (B) Application requires Licensure Committee review after completion of all other processing and will expire prior to the next scheduled meeting;
      (C) Licensure Committee requires an applicant to meet specific additional requirements for licensure and the application will expire prior to deadline established by the Committee;
      (D) Applicant requires a reasonable, limited additional period of time to obtain documentation after completing all other requirements and demonstrating diligence in attempting to provide the required documentation;
      (E) Applicant is delayed due to unanticipated military assignments, medical reasons, or catastrophic events;
   (3) who in any way falsifies the application may be required to appear before the board. It will be at the discretion of the board whether or not the applicant will be issued a license;
   (4) on whom adverse information is received by the board may be required to appear before the board. It will be at the discretion of the board whether or not the applicant will be issued a license;
   (5) shall be required to comply with the board's rules and regulations which are in effect at the time the completed application form and fee are received by the board;
   (6) must have the application for licensure complete in every detail at least 20 days prior to the board meeting at which the applicant is considered for licensure. An applicant may qualify for a temporary license prior to being considered by the board for licensure, as required by §184.7 of this title (relating to Temporary Licensure); and
   (7) must complete an oath swearing that the applicant has submitted an accurate and complete application.

(b)

(1) The executive director or designee shall review each application for licensure and shall recommend to the board all applicants eligible for licensure.
(2) If the executive director or designee determines that the applicant clearly meets all licensing requirements, the executive director or designee may issue a license to the applicant, to be effective on the date issued without formal board approval, as authorized by §206.209 of the Act.

(3) If the executive director determines that the applicant does not clearly meet all licensing requirements as prescribed by the Act and this chapter, a license may be issued only upon action by the board following a recommendation by the board’s licensure committee, in accordance with §206.209 of the Act and §187.13 of this title (relating to Informal Board Proceedings Relating to Licensure Eligibility). Not later than the 20th day after the date the applicant receives notice of the executive director’s determination the applicant may:
   (A) request a review of the executive director’s recommendation by a committee of the board conducted in accordance with §187.13 of this title; or
   (B) withdraw his or her application.

(4) If an applicant fails to take timely action as provided under subsection (3), such inaction shall be deemed a withdrawal of his or her application.

(5) To promote the expeditious resolution of any licensure matter, the executive director, with the approval of the board, may recommend that an applicant be eligible for a license, but only under certain terms and conditions and present a proposed agreed order or remedial plan to the applicant. Not later than the 20th day after the date the applicant receives notice of the executive director’s determination the applicant may:
   (A) sign the order/remedial plan and the order/remedial plan shall be presented to the board for consideration and acceptance without the necessity of initiating a Disciplinary Licensure Investigation (as defined in §187.13 of this title) or appearing before a committee of the board concerning issues relating to licensure eligibility;
   (B) request a review of the executive director’s recommendation by a committee of the board conducted in accordance with §187.13 of this title; or
   (C) withdraw his or her application.

(6) If an applicant fails to take timely action as provided under subsection (5), such inaction shall be deemed a withdrawal of his or her application.

(c) Committee Referrals. 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 section, in lieu of withdrawing the application for licensure, may be subject to a Disciplinary Licensure Investigation as defined in §187.13 of this title (relating to Informal Board Proceedings Relating to Licensure Eligibility). Review of the executive director’s determination by a committee of the board shall be conducted in accordance with §187.13 of this title.
[The executive director also shall report to the board the names of all applicants determined to be ineligible for licensure, together with the reasons for each recommendation. An applicant deemed ineligible for licensure by the executive director may request review of such recommendation by the board's licensure committee within 20 days of receipt of such notice, and the executive director may refer any application to the licensure committee for a recommendation concerning eligibility. If the committee finds the applicant ineligible for licensure, such recommendation, together with the reasons, shall be submitted to the board unless the applicant requests a hearing not later than the 20th day after the date the applicant receives notice of the determination. The hearing shall be before an administrative law judge of the State Office of Administrative Hearings and shall comply with the Administrative Procedure Act and its subsequent amendments and the rules of the State Office of Administrative Hearings and the board. The board shall, after receiving the administrative law judge's proposed findings of fact and conclusions of law, determine the eligibility of the applicant for licensure. A surgical assistant whose application for licensure is denied by the board shall receive a written statement containing the reasons for the board's action.](https://example.com)

All reports received or gathered by the board on each applicant are confidential and are not subject to disclosure under the Public Information Act, Tex. Gov't Code, Ch. 552. The board may disclose such reports to appropriate licensing authorities in other states.
§184.6 Licensure Documentation

(a) through (b) remain unchanged.

(c) Applicants may be required to submit other documentation, which may include the following:

1. Translations. Any document that is in a language other than the English language will need to have a certified translation prepared and a copy of the translation submitted with the translated document.
   - (A) An official translation from the school or appropriate agency attached to the foreign language transcript or other document is acceptable.
   - (B) If a foreign document is received without a translation, the board will send the applicant a copy of the document to be translated and returned to the board.
   - (C) Documents must be translated by a translation agency who is a member of the American Translation Association or a United States college or university official.
   - (D) The translation must be on the translator's letterhead, and the translator must verify that it is a "true word for word translation" to the best of his/her knowledge, and that he/she is fluent in the language translated, and is qualified to translate the document.
   - (E) The translation must be signed in the presence of a notary public and then notarized. The translator's name must be printed below his/her signature. The notary public must use the phrase: "Subscribed and Sworn this ______ day of ________, 20__." The notary must then sign and date the translation, and affix his/her notary seal to the document.

2. Arrest records. If an applicant has ever been arrested the applicant must request that the arresting authority submit to the board copies of the arrest and arrest disposition.

3. Inpatient treatment for alcohol/substance disorder or mental illness. Each applicant that has been admitted to an inpatient facility within the last five years for treatment of alcohol/substance disorder or mental illness must submit the following:
   - (A) applicant's statement explaining the circumstances of the hospitalization;
   - (B) all records, submitted directly from the inpatient facility;
   - (C) a statement from the applicant's treating physician/psychotherapist as to diagnosis, prognosis, medications prescribed, and follow-up treatment recommended; and
   - (D) a copy of any contracts signed with any licensing authority, professional society or impaired practitioner committee.

4. Outpatient treatment for alcohol/substance disorder or mental illness. Each applicant that has been treated on an outpatient basis within the past five years for alcohol/substance disorder must submit the following:
   - (A) applicant's statement explaining the circumstances of the outpatient treatment;
   - (B) a statement from the applicant's treating physician/psychotherapist as to diagnosis, prognosis, medications prescribed, and follow-up treatment recommended; and
(C) a copy of any contracts signed with any licensing authority, professional society or impaired practitioners committee.

(5) Malpractice. If an applicant has ever been named in a malpractice claim filed with any liability carrier or if an applicant has ever been named in a malpractice suit, the applicant must:

(A) have each liability carrier complete a form furnished by this board regarding each claim filed against the applicant's insurance;
(B) for each claim that becomes a malpractice suit, have the attorney representing the applicant in each suit submit a letter to the board explaining the allegation, relevant dates of the allegation, and current status of the suit. If the suit has been closed, the attorney must state the disposition of the suit, and if any money was paid, the amount of the settlement. If such letter is not available, the applicant will be required to furnish a notarized affidavit explaining why this letter cannot be provided; and
(C) provide a statement composed by the applicant, explaining the circumstances pertaining to patient care in defense of the allegations.

(6) Additional documentation. Additional documentation may be required as is deemed necessary to facilitate the investigation of any application for [medical] licensure.

(d) The board may, in unusual circumstances, allow substitute documents where proof of exhaustive efforts on the applicant's part to secure the required documents is presented. These exceptions are reviewed by the board's executive director on a case-by-case basis.
§184. 8. License Renewal.
(a) Surgical assistants licensed by the board shall register biennially and pay a fee. A surgical assistant may, on notification from the board, renew an unexpired license by submitting a required form and paying the required renewal fee to the board on or before the expiration date of the license. The fee shall accompany a written application that sets forth the licensee's name, mailing address, the address of each of the licensee's offices, and other necessary information prescribed by the board.

(b) The board may prorate the length of the initial surgical assistant registration and registration fees, so that registrations expire on a single date, regardless of the board meeting at which the surgical assistant is licensed.

(c) The board shall provide written notice to each practitioner at the practitioner's address of record at least 30 days prior to the expiration date of the license.

(d) Within 30 days of a surgical assistant's change of mailing address or office address from the address on file with the board, a surgical assistant shall notify the board in writing of such change.

(e) A licensee shall furnish a written explanation of his or her affirmative answer to any question asked on the application for license renewal, if requested by the board. This explanation shall include all details as the board may request and shall be furnished within 14 days of the date of the board's request.

(f) Falsification of an affidavit or submission of false information to obtain renewal of a license shall subject a surgical assistant to denial of the renewal and/or to discipline pursuant to §206.301 of the Act.

(g) Expired Annual Registration Permits.

(1) If a surgical assistant's registration permit has been expired for 90 days or less, the surgical assistant may obtain a new permit by submitting to the board a completed permit application, the registration fee, and the penalty fee, as defined in §175.3(6) of this title (relating to Penalties).

(2) If a surgical assistant's registration permit has been expired for longer than 90 days but less than one year, the surgical assistant may obtain a new permit by submitting a completed permit application, the registration fee, and a penalty fee as defined in §175.3(6) of this title.

(3) If a surgical assistant's registration permit has been expired for one year or longer, the surgical assistant's license is automatically canceled, unless an investigation is pending, and the surgical assistant may not obtain a new permit.
(4) A surgical assistant may not hold himself out as a licensed surgical assistant if he holds an expired permit.

(h) A military service member who holds a surgical assistant license in Texas is entitled to two years of additional time to complete any other requirement related to the renewal of the military service member’s license.
§184.25. Continuing Education.

(a) As a prerequisite to the registration of a surgical assistant's license, 18 hours of continuing education (CE) in surgical assisting or in courses that enhance the practice of surgical assisting are required to be completed every 12 months in the following categories:

(1) at least 9 of the annual hours are to be from formal courses that are:
   (A) designated for AMA/PRA Category I credit by a CE sponsor accredited by the Accreditation Council for Continuing Medical Education;
   (B) approved for prescribed credit by the Association of Surgical Technologists/Association of Surgical Assistants, the American Board of Surgical Assistants, or the National Surgical Assistants Association;
   (C) approved by the Texas Medical Association based on standards established by the AMA; or
   (D) designated for AOA Category 1-A credit approved by the American Osteopathic Association.

(2) At least one of the annual formal hours of CE which are required by paragraph (1) of this subsection must involve the study of medical ethics and/or professional responsibility. Whether a particular hour of CE involves the study of medical ethics and/or professional responsibility shall be determined by the organizations which are enumerated in paragraph (1) of this subsection as part of their course planning.

(3) The remaining 9 hours each year may be composed of informal self-study, attendance at hospital lectures or grand rounds not approved for formal CE, or case conferences and shall be recorded in a manner that can be easily transmitted to the board upon request.

(b) A licensed surgical assistant must report on the license renewal application if he or she has completed the required continuing education since the licensee last registered with the board. A licensee who timely registers, may apply CE credit hours retroactively to the preceding year's annual requirement, however, those hours may be counted only toward one registration permit. A licensee may carry forward CE credit hours earned prior to a registration report which are in excess of the 18-hour annual requirement and such excess hours may be applied to the following years' requirements. A maximum of 36 total excess credit hours may be carried forward and shall be reported according to the categories set out in subsection (a) of this section. Excess CE credit hours of any type may not be carried forward or applied to an annual report of CE more than two years beyond the date of the annual registration following the period during which the hours were earned.

(c) A licensed surgical assistant may request in writing an exemption for the following reasons:

(1) the licensee's catastrophic illness;
(2) the licensee's military service of longer than one year's duration outside the state;
(3) the licensee's residence of longer than one year's duration outside the United States; or
(4) good cause shown submitted in writing by the licensee that gives satisfactory evidence to the board that the licensee is unable to comply with the requirement for continuing education.
(d) Exemptions are subject to the approval of the executive director of the board and must be requested in writing at least 30 days prior to the expiration date of the license.
(e) An exception under subsection (c) of this section may not exceed one year but may be requested annually, subject to the approval of the executive director of the board.
(f) This section does not prevent the board from taking board action with respect to a licensee or an applicant for a license by requiring additional hours of continuing education or of specific course subjects.
(g) The board may require written verification of both formal and informal credits from any licensee within 30 days of request. Failure to provide such verification may result in disciplinary action by the board.
(h) Unless exempted under the terms of this section, a licensee's apparent failure to obtain and timely report the 18 hours of CE as required annually and provided for in this section shall result in the denial of licensure renewal until such time as the licensee obtains and reports the required CE hours; however, the executive director of the board may issue to such a surgical assistant a temporary license numbered so as to correspond to the nonrenewed license. Such a temporary license shall be issued at the direction of the executive director for a period of no longer than 90 days. A temporary license issued pursuant to this subsection may be issued to allow the surgical assistant who has not obtained or timely reported the required number of hours an opportunity to correct any deficiency so as not to require termination of ongoing patient care.
(i) CE hours that are obtained to comply with the CE requirements for the preceding year as a prerequisite for obtaining licensure renewal, shall first be credited to meet the CE requirements for the previous year. Once the previous year's CE requirement is satisfied, any additional hours obtained shall be credited to meet the CE requirements for the current year.
(j) A false report or statement to the board by a licensee regarding CE hours reportedly obtained shall be a basis for disciplinary action by the board pursuant to §§206.302-.304 of the Act and §§164.051-.053 of the Medical Practice Act, Tex. Occ. Code Ann. A licensee 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 surgical assistant's license, but in no event shall such action be less than an administrative penalty of $500.
(k) Administrative penalties for failure to timely obtain and report required CE hours may be determined by the Disciplinary Process Review Committee of the board as provided for in §184.19 of this chapter (relating to Administrative Penalties).
(l) Unless otherwise exempted under the terms of this section, failure to obtain and timely report CE hours for the renewal of a license shall subject the licensee to a monetary penalty for late registration in the amount set forth in Chapter 175 of this title (relating to Fees, Penalties, and Applications). Any temporary CE licensure fee and any administrative penalty imposed for failure to obtain and timely report the 18 hours of CE required annually for renewal of a license shall be in addition to the applicable penalties for late registration or as set forth in Chapter 175 of this title (relating to Fees, Penalties and Applications).
(m) A surgical assistant, who is a military service member, may request an extension of time, not to exceed two years, to complete any CE requirements.