Text Facsimile of Online Acudetox Specialist Certification Application

Login

Acudetox Specialist Certification Application

- Information you enter will automatically be saved at the end of every page.
- You must complete the application within 15 days or your information will be deleted.
- Some of the questions may direct you to download a supplemental form and submit along with any relevant records.
- Pay the license fee using one of the following:
  - MasterCard,
  - Visa,
  - Discover,
  - American Express, or
  - Electronic Check.

Check Your Eligibility

Application Checklist

FAQ

Processing times can vary depending on the acceptability of submitted items and the complexity of your application. Some of the factors that can increase complexity are "yes" answers to the professionalism questions on this application.

Enter to create a new application or to return to a saved application.

Asterisk (*) indicates a response required.

Email*:

Date of Birth (MM/DD/YYYY)*:

Continue

Sample

Identification

Asterisk (*) indicates a response required.

Full Name as you wish it to appear on your receipt*:

Your name, as entered in the next 4 fields, will be the name that appears on your license and on the web site verification page.

Applicant First Name*:

Applicant Middle Name:

Applicant Last Name*:

Suffix:

Social Security Number (XXX-XX-XXXX or XXXXXXXXX)*:

Alternate Names:

Email Address*:

Gender*:
- ○ Male
- ○ Female

Country of Birth*:

If you were born in the United States, please select your state of birth:
US State of Birth:

Date of Birth (MM/DD/YYYY)*:

Race*:

Are you of Hispanic Origin?*:
- ○ Yes
- ○ No

If you are a Texas high school graduate, please select the county where your high school is located:

Texas High School County:

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Select your Auricular Acupuncture Training Program from the drop down list below. If you are unable to locate your school, please select "Unknown" and be aware that this will delay the processing of your application.

Auricular Acupuncture Training Program*:

Continue

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Address

Please provide your mailing address. If you have a practice address, it must be a physical address (not a P.O. Box) and should be where you intend to work upon receipt of your Acudetox certification. **It is your responsibility to notify the Board in writing if you have a change of address.**

All correspondence will be sent to the mailing address. When entering a foreign address select "Other" for State and provide a Country.

Asterisk (*) indicates a response required.

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Mailing address

Mailing Address 1*:

Mailing Address 2:

Mailing City*:

Mailing State*:

Mailing Zip Code*:

Mailing Country*:

Telephone Number ###-###-####:

Practice address

Practice Address 1:

Practice Address 2:

Practice City:

Practice State:

Practice Zip Code:

Practice Country:

Telephone Number ###-###-####:

Continue

Professional History

Attention: This is important. Be sure to disclose all relevant disciplinary actions, charges, or convictions. A false response to any of these questions may be grounds for disciplinary action or even denial of licensure. Avoid some of the common excuses heard from people who fail to disclose such as:

- My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- I didn't think the prior conduct had anything to do with the profession.
- I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence judgment.

All supplemental forms listed can be found on the Additional Forms section of our website.

Asterisk (*) indicates a response required.

Professional History

Question 1*

Have you ever been issued a Texas Acudetox Certification?

○ Yes
○ No

Question 2

List all states in which you have applied for or have been granted licensure or certification as any type of healthcare provider. Choose a type of license and state from the drop down lists below. If you are unable to locate your license type, please use "Unassigned" and be aware that this will delay the processing of your application. Use Form AA if you have more than five licenses.

Type of License [ ]

State [ ]

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Arrest/Criminal History

If you answer “Yes” to any question in this section, you are required to submit Form R.

If you believe your offense was **sealed or expunged**, you **must** be able to provide a copy of the expunction or non-disclosure order if requested.

Question 3*

Have you ever been arrested? If you answer "Yes" to this question, you are required to submit Form R.

○ Yes
○ No

Question 4*

Have you ever been cited or ticketed for, or charged with any violation of the law? (Unless the offense involved alcohol or drugs, you may exclude: 1) traffic tickets; and, 2) violations with fines of $250 or less.) If you answer "Yes" to this question, you are required to submit Form R.

○ Yes
○ No

Question 5*

Are you currently the subject of a grand jury or criminal investigation? If you answer "Yes" to this question, you are required to submit Form R.

○ Yes
○ No

Question 6*

Have you ever been convicted of an offense, placed on probation, or granted deferred adjudication or any other type of pretrial diversion? (Unless the offense involved alcohol or drugs, you may exclude: 1) traffic tickets; and, 2) violations with fines of $250 or less.) If you answer "Yes" to this question, you are required to submit Form R.

○ Yes
○ No

Question 7*

Select the Texas License, Registration, or Certification Held

Actions by Professional Licensing Entites

If you answer “Yes” to any question in this section, you are required to submit Form S.

Question 8*

Have you ever withdrawn an application for a professional license, permit or certification as a healthcare professional, or have you been determined ineligible for a professional license, permit or certification as a healthcare professional? If you answer "Yes" to this question, you are required to submit Form S.

- ○ Yes
- ○ No

Question 9*

Have you ever had limitations placed on a professional license, been disciplined, or allowed to resign or voluntarily surrender your license in lieu of action by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? (This would include, **but is not limited to**, informal or confidential orders; consent orders; agreed orders; letters of warning; letters of education; or letters of concern.) If you answer "Yes" to this question, you are required to submit Form S.

- ○ Yes
- ○ No

Question 10*

Have you **ever** been the subject of an investigation based on any complaints, inquiries, grievances or formal or informal charges filed (regardless of the outcome) with or by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? If you answer "Yes" to this question, you are required to submit Form S.

- ○ Yes
- ○ No

Question 11*

Are there now pending any investigations, complaints, inquiries, grievances or formal or informal charges with or by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? If you answer "Yes" to this question, you are required to submit Form S.

- ○ Yes
- ○ No

Question 12*

Have you ever had restrictions placed on, been denied, or been required to surrender a federal or state controlled substance permit? If you answer "Yes" to this question, you are required to submit Form S.

- ○ Yes
- ○ No

Actions and Investigations in Training or During Employment

If you answer "Yes" to any question in this section, you are required to submit Form U. If you believe that any action or investigation was not reportable, you **must** read the instruction on Form U before you answer "No" to ensure your full and honest disclosure. Warning: Failure to answer the following questions correctly may subject you to disciplinary action.

Has any academic program, health care entity or professional organization ever taken against you, through either oral or written communication, any of the following public or private actions:

Question 13a*

limitation, reduction, suspension, revocation or denial of privileges? If you answer "Yes" to this question, you are required to submit Form U.

- ○ Yes
- ○ No

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Question13b*

warning, censure, reprimand, or formal admonishment? If you answer "Yes" to this question, you are required to submit Form U.

○ Yes
○ No

Question 13c*

additional limitations or requirements placed on you based on your clinical performance, academic performance, discipline, or for **any** other reason? If you answer "Yes" to this question, you are required to submit Form U.

○ Yes
○ No

Question 13d*

placement on academic or disciplinary probation? If you answer "Yes" to this question, you are required to submit Form U.

○ Yes
○ No

Question 13e*

request of termination, withdrawal or resignation? If you answer "Yes" to this question, you are required to submit Form U.

○ Yes
○ No

Question 13f*

acceptance of voluntary resignation in lieu of further investigations or other action? If you answer "Yes" to this question, you are required to submit Form U.

○ Yes
○ No

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Question 14*

Are any such actions listed in questions 13a through 13f pending? If you answer "Yes" to this question, you are required to submit Form U.

○ Yes
○ No

Question 15*

Are you currently under investigation by any academic program, health care entity or professional organization? If you answer "Yes" to this question, you are required to submit Form U.

○ Yes
○ No

Malpractice History

If you answer "Yes" to any questions in this section, you are required to submit Form I and Form V.

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Question 16*

Has a complaint ever been filed against you in a court (i.e. a lawsuit) seeking damages relating to your conduct in providing or failing to provide a medical or health care service? If you answer "Yes" to this question, you are required to have Form I completed by every malpractice carrier who has insured you and you are required to submit Form V.

○ Yes
○ No

Question 17*

Has there been:

(a) a settlement of a claim without the filing of a lawsuit, or
(b) a settlement of a lawsuit

made by you or on your behalf involving damages relating to your conduct in providing or failing to provide a medical or health care service? If you answer "Yes" to this question, you are required to have Form I completed by every malpractice carrier who has insured you and you are required to submit Form V.

○ Yes
○ No

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Question 18*

While serving in the U.S. military or the Public Health Service, or while employed, contracted or privileged by a federal facility was a complaint filed in court (i.e., a lawsuit) seeking damages relating to your conduct in providing or failing to provide a medical or health care service? If you answer "Yes" to this question, you are required to have Form I completed for each complaint and you are required to submit Form V.

- ○ Yes
- ○ No

If you answered Yes to Question 16, 17, or 18 above, what is the total number of cases?

Enter the number here: [ ]

Mental and Physical Health

If you answer "Yes" to any of the following questions, you are required to submit Form W.

Question 19a*

Within the past five (5) years, have you abused or have you been addicted to alcohol or drugs or have you been treated for alcohol or other substance abuse or dependency? If you answer "Yes" to this question, you are required to submit Form W.

- ○ Yes
- ○ No

Question 19b*

Within the past five (5) years, have you been diagnosed with or treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, personality disorder, or any other mental condition which impaired your behavior, judgment, or ability to function in school, work or other important life activities? If you answer "Yes" to this question, you are required to submit Form W.

- ○ Yes
- ○ No

Question 19c*

Within the past five (5) years, have you had or do you currently have any physical or neurological condition, including any disease or condition generally regarded as chronic by the medical community, which impaired or does impair your behavior, judgment, or ability to function in school, work or other important life activities? If you answer "Yes" to this question, you are required to submit Form W.

- ○ Yes
- ○ No

Question 19d*

Within the past five (5) years, have you been diagnosed with or treated for pedophilia, exhibitionism, voyeurism, frotteurism, or sexual sadism? If you answer "Yes" to this question, you are required to submit Form W.

- ○ Yes
- ○ No

Question 20

If you answered "Yes" to questions 19a or 19b, are the limitations caused by your mental condition or substance abuse/dependency problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program? If you answer "Yes" to this question, your are required to submit Form W.

- ○ Yes
- ○ No

Sample

Continue

Review

Please review your information carefully and use the links on the left hand side to return to any section that needs modification. Click the “Continue” button at the bottom of the page when you are ready to move on. You may print this page if necessary.

Continue

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Attestation

I hereby certify that: I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present, and future), business or professional associates (past, present, and future) and all governmental agencies (local, state, federal, or foreign) to release to the Texas Medical Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application; necessary to determine my professional competence, professional conduct, and/or physical and mental ability to safely engage in the practice of my profession. I further authorize the Texas Medical Board or its successors to release to the organizations, individuals, or groups listed above any information, which is material to this application, or any subsequent licensure. **I hereby affirm that I will provide the Board with updated information to be received by the Board within 15 days of my becoming aware of any event that occurs after submission of my application that renders any response, although complete and correct when made, no longer complete or correct. Further, failure to provide updates may result in an adverse action against my application.**

I understand that falsification or misrepresentation of any item or response on this application or any supplemental information is a sufficient basis for denying my application, revoking a license, a determination of ineligibility, or another adverse action against my application or revoking my license after issuance.

I agree to these terms

○

Continue

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Payment

○ Credit card
○ Electronic Check

Continue

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In order to complete the payment for your application, you will leave the TMB website and be directed to the Texas.gov payment processing site. Texas.gov, the official website of the State of Texas, processes online transactions on behalf of State Agencies. Your bill will indicate that this transaction has been charged to **TMB AD Application**.

No financial information is seen, processed, or stored by the Texas Medical Board.

The payment portion of the online registration system is handled by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State, as well as processing fees. Texas.gov will remit the amount paid to the Texas Medical Board on your behalf. Please note that the Texas.gov portion is non-refundable.

The total amount you will pay will be $53.43.

Please press the continue button to begin entering payment information (NOTE: the payment process may take several minutes to finish. Please be patient and DO NOT click the back button or close your browser).

I understand and accept the above terms of payment ○

Press to continue

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Payment Process

Customer Billing Information

Name

Company Name

Billing Address

Billing Address 2

Billing City

Country

State

ZIP/Postal Code

Phone Number

Email Address

Receipt Email Address

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Credit Card Information

Credit Card Information

Credit Card Type

Credit Card Number

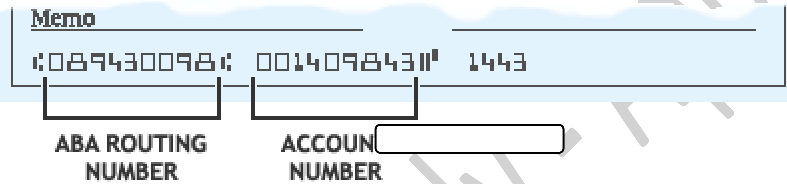
Expiration Date

Name on Credit Card

Verification Code

Continue | Cancel Payment

Electronic Check Information



Account Type

Routing Number

Account Number

Re-enter Account Number

Bank Name

Name on Account

Driver License Number

Driver License State

Default Payment Date

Continue | Cancel Payment

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