

TEXAS MEDICAL BOARD

Application for TMB Designation of Continuing Medical Education as Medical Ethics or Professional Responsibility

Name of Provider Organization:		
Contact Name and Title:		
Mailing Address: Telephone Number:		
E-Mail Address:		
Course Title:		
Accrediting Organization:	Number of Hours Requested for Approval	
Date of Accreditation:	Delivery Method: (online or lecture)	
Description of Course Content - (Please in portions devoted to medical ethics or pro-	•	5

Instructors Name(s)-(Attach CVs for all instructors): _

- Applications may be emailed to <u>verifcic@tmb.state.tx.us</u>, faxed to (512) 305-7009, or mailed to TMB PO Box 2029 Austin TX 78768-2029.
- Please allow at least 30 days processing time.
- You may be required to provide additional information and documentation to the board at the request of the Executive Director.
- Ethics/Professional Responsibility courses are considered to be those that address the principles of proper professional conduct concerning the rights and duties of the physician, patients, and fellow practitioners, as well as the physician's actions/relations concerning patients and their families.
- Given the large amount of subject matter that meets the definition above, there may be some confusion as to what the board will approve. Please consider the following two clarifications:
 - 1. Courses on how a physician should defend themselves once sued will not generally be accepted. That said, courses on how to avoid being sued by improving the physician's practice in the areas of communication and disclosure will generally be accepted.
 - 2. Courses that focus on personal values will generally not be accepted. (*e.g.*—abortion, assisted suicide)
- For general information about CME, please see Board Rule 166.2.
- Any approval granted will be valid for three years from the date of initial approval.

Location Address: 333 Guadalupe, Tower 3, Suite 610 Austin, Texas 78701 Mailing Address P.O. Box 2029 Austin, Texas 78768-2029 www.tmb.state.tx.us

Phone 512.305.7030 Fax 512.463.9416 Licensure Fax 512.305.7009

CME Ethics Application 04/25/2011