

Jointly Owned Entities Formed On or After June 17, 2011

Mailing Address

P. O. Box 2029
MC-240
Austin, TX 78768-2029

Physical Address

333 Guadalupe
Tower 3, Suite 610
Austin, TX 78701

Phone (512) 305-7030

Fax (512) 463-9416

General Information E-mail: verificic@tmb.state.tx.us

Jointly Owned Entities Web Page:

<http://www.tmb.state.tx.us/page/renewal-jointly-owned-physician-pa>

Instructions:

The packet must include:

- The Entity Information Sheet
- For each physician owner, a Physician Owner Certification For Entities Formed On or After June 17, 2011
- For each physician assistant owner, a Physician Assistant Owner Certification For Entities Formed On or After June 17, 2011
- The fee of \$18

Submit the Entity Information Sheet, all required owner certification, **and the fee of \$18**, in one packet, to the Texas Medical Board at the mailing shown above (overnight mail sent by private carrier can be sent to the TMB physical address above).

Entity Information Sheet

For agency use

Rev. Cd. 4420
\$18.00

Entity Information

Entity Name: _____
 Entity Address: _____
 Entity Type: Corporation PLLC **Date Entity Formed*:** _____
 Partnership Professional Assoc.
 Entity Contact Person: _____
 Entity Phone: _____ Entity Fax: _____
 Entity E-Mail: _____ FEIN or Tax ID Number: _____

Officer/Partner Information (attach additional pages as needed)

<u>Position</u>	<u>Printed Name</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Ownership Information (attach additional pages as needed)

<u>Printed Name</u>	<u>License Type*</u>	<u>License Number</u>	<u>Percent Ownership</u>	<u>Signature</u>
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____

*If an owner is not a physician or a PA, attach information addressing the individual's role in and relationship to the entity.

Supervision/Prescriptive Delegation

For each physician who is not an owner and supervises or delegates prescriptive authority to any PA owner (attach additional pages as needed):

<u>Physician Name</u>	<u>License Number</u>	<u>Physician Name</u>	<u>License Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Entities formed on or after 6/17/11 must attach check or money order in the amount of \$18.00.**

Physician Assistant Owner Certification
For Entities Formed On or After June 17, 2011

Each physician assistant owner must complete the following certification. Make additional copies as needed.

For the jointly owned entity _____ (*name of entity*), I certify that:

1. the jointly owned entity performs a professional service that falls within the scope of practice of physicians and physician assistants;
2. the organizer of the jointly owned entity is a physician and a physician or physicians and a physician and a physician or physicians control and manage the entity;
3. if the jointly owned entity is a:
 - a. corporation, the professional services offered by the entity consist of one or more of the following:
 - i. carrying out research in the public interest in medical science, medical economics, public health, sociology, or a related field;
 - ii. supporting medical education in medical schools through grants or scholarships;
 - iii. developing the capabilities of individuals or institutions studying, teaching, or practicing medicine or acting as a physician assistant;
 - iv. delivering health care to the public; or
 - v. instructing the public regarding medical science, public health, hygiene, or a related matter;
 - b. corporation, professional association or a professional limited liability company, no physician assistants are officers of the jointly owned entity;
 - c. partnership, no physician assistant is a general partner nor do any physician assistants participate in the management of the partnership;
4. in the jointly owned entity:
 - a. the authority of each practitioner is limited by the scope of practice of the respective practitioner;
 - b. a physician assistant or combination of physician assistants has no more than a minority ownership interest;
 - c. the ownership interest of an individual physician assistant does not equal or exceed the ownership interest of any individual physician owner;
 - d. a physician assistant or combination of physician assistants will not interfere with the practice of medicine by a physician owner or the supervision of physician assistants by a physician owner;
5. I have not contracted with or employed a physician to be my supervising physician;
6. I have not contracted with or employed a physician who supervises another physician in the entity who, in turn, supervises me;
7. the percentage of my ownership of the jointly owned entity listed in the attached Entity Information Sheet is correct;
8. I understand that nothing in statute may be construed to allow the practice of medicine by someone not licensed as a physician, or to allow a person not licensed as a physician to direct the activities of a physician in the practice of medicine; and,
9. I understand that The Texas Medical Board and the Texas Physician Assistant Board continue to exercise regulatory authority over their respective license holders according to applicable law and to the extent of a conflict between Subtitle B, Title 3, Occupations Code, and Chapter 204, Occupations Code, or any rules adopted under those statutes, Subtitle B, Title 3, or a rule adopted under that subtitle controls.

I certify that the information that I have provided on this application is correct. I understand that it is a violation of the Physician Assistant Licensing Act, Tex. Occ. Code Ann. §204.302 and Tex. Occ. Code Ann. §204.303, and the Tex. Pen. Code Ann. §37.10 to submit a false or misleading statement to a governmental agency. I certify that I am the person named in this document, and all statements I have made are true.

Physician Assistant Name - Printed

Physician Assistant License Number

Physician Assistant Signature

Date

Physician Owner Certification
For Entities Formed On or After June 17, 2011

Each physician owner must complete the following certification. Make additional copies as needed.

For the entity _____ (*name of entity*), I certify that:

1. the jointly owned entity performs a professional service that falls within the scope of practice of physicians and physician assistants;
2. the organizer of the jointly owned entity is a physician and a physician or physicians and a physician and a physician or physicians control and manage the entity;
3. if the jointly owned entity is a:
 - corporation, the professional services offered by the entity consist of one or more of the following:
 - i. carrying out research in the public interest in medical science, medical economics, public health, sociology, or a related field;
 - ii. supporting medical education in medical schools through grants or scholarships;
 - iii. developing the capabilities of individuals or institutions studying, teaching, or practicing medicine or acting as a physician assistant;
 - iv. delivering health care to the public; or
 - v. instructing the public regarding medical science, public health, hygiene, or a related matter;
 - corporation, professional association or a professional limited liability company, no physician assistants are officers of the jointly owned entity;
 - partnership, no physician assistant is a general partner nor do any physician assistants participate in the management of the partnership;
4. in the jointly owned entity:
 - the authority of each practitioner is limited by the scope of practice of the respective practitioner;
 - a physician assistant or combination of physician assistants has no more than a minority ownership interest;
 - the ownership interest of an individual physician assistant does not equal or exceed the ownership interest of any individual physician owner;
 - a physician assistant or combination of physician assistants will not interfere with the practice of medicine by a physician owner or the supervision of physician assistants by a physician owner;
5. I have not contracted with, nor am I employed by, a physician assistant as a supervising physician;
6. the percentage of my ownership of the jointly owned entity listed in the attached Entity Information Sheet is correct;
7. I understand that nothing in statute may be construed to allow the practice of medicine by someone not licensed as a physician, or to allow a person not licensed as a physician to direct the activities of a physician in the practice of medicine; and,
8. I understand that The Texas Medical Board and the Texas Physician Assistant Board continue to exercise regulatory authority over their respective license holders according to applicable law and to the extent of a conflict between Subtitle B, Title 3, Occupations Code, and Chapter 204, Occupations Code, or any rules adopted under those statutes, Subtitle B, Title 3, or a rule adopted under that subtitle controls.

I certify that the information that I have provided on this application is correct. I understand that it is a violation of the Medical Practice Act, Tex. Occ. Code Ann. §164.051 and §164.052 and the Tex. Pen. Code Ann. §37.10 to submit a false or misleading statement to a governmental agency. I certify that I am the person named in this document, and all statements I have made are true.

Physician Name - Printed

Physician License Number

Physician Signature

Date