

Login

Physician in Training (PIT) Permit Application

Get this from your program before you apply:

- Your TMB personal ID number
- The third party identification number for your residency program (only needed if they will be paying your application fee)

Note:

- Information you enter will be automatically 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 it, along with any relevant records.
- Pay the license fee using one of the following:
 - MasterCard,
 - Visa,
 - Discover,
 - American Express, or
 - Electronic Check.
 - [Third Party Pay](#).

Check Your Eligibility

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.

Asterisk (*) indicates response required.

TMB personal ID Number*:

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

Continue

Confirm Login

First Name: XXXXXXXX

Last Name: XXXXXXXX

Date of Birth: XX/XX/XXXX

	Begin	Apptype	Personal ID	Program	Program Name	Amount
Select	XX/XX/XXXX	Rotator	123456	XXXXXXXXXX	XXXXXX	\$XXX.XX

If you are not **XXXXX XXXXX**, please do not continue. Please contact the Texas Medical Board.

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Identification

You are applying for the XXXX PIT Permit.

Your name on this application must match the name submitted by your residency program.

Asterisk (*) indicates response required.

Full Name as you wish it to appear on your receipt*:	<input type="text"/>
Applicant First/Middle Name*:	<input type="text"/>
Applicant Last Name*:	<input type="text"/>
Suffix:	<input type="text"/>
Alternate Names:	<input type="text"/>
Social Security Number (XXX-XX-XXXX or XXXXXXXXXX):	<input type="text"/>
Email Address (XX@XX.XXX)* Note: if you do not have an email account, please enter the email address of your program.	<input type="text"/>

Gender*:
<input type="radio"/> Male
<input type="radio"/> Female

Race*:

Are you of Hispanic Origin*:
<input type="radio"/> Yes
<input type="radio"/> No

Country of Birth*:

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

US State of Birth:

Address

Please provide your current mailing address and **daytime** U.S. phone number. **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 leave the State blank and provide a Country.

If you do not have a U.S. phone number, enter the telephone number for your program.

Asterisk (*) indicates response required.

Mailing address

Mailing Address 1*:

Mailing Address 2:

Mailing City*:

Mailing State:

Mailing Zip Code*:

Province:

Mailing Country*:

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

Training and Work History

- List all activities since graduation from medical school including:
 - All US or Canadian post graduate training since graduation from medical school.
 - All periods of unemployment or employment outside the field of medicine. For periods of unemployment, use your home address.
- To indicate a current position, enter today's date as an end date.
- You must send our evaluation form (Form L) to each training program in the US or Canada that you listed. Please note that you may be asked to send a Form L to any other positions listed on your application.
- If a listed training facility is no longer operating, please submit Form Q.

Add Training and Work History

Asterisk (*) indicates response required.

Position*:	<input type="text"/>
Department*:	<input type="text"/>
Start Date (MM/YYYY)*:	<input type="text"/>
End Date (MM/YYYY)*:	<input type="text"/>
Facility/Employer Name*:	<input type="text"/>
Facility/Employer Street*:	<input type="text"/>
Facility/Employer City*:	<input type="text"/>
Facility/Employer State:	<input type="text"/>
Facility/Employer ZIP/Postal Code*:	<input type="text"/>
Facility/Employer Province:	<input type="text"/>
Facility/Employer Country*:	<input type="text"/>
Facility/Employer Phone Number (###-###-####):	<input type="text"/>

Submit

Cancel

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.
- My program director/faculty advisor said it wouldn't appear on my record.

All supplemental forms listed can be found on the [Additional Forms](#) section of our website.

Asterisk (*) indicates response required.

Question 1*

Have you ever had (or applied for) a license, permit or certification as a healthcare professional in any state, province, territory, U.S. federal jurisdiction, or country?

- Yes
 No

Question 2

Have you ever participated in or been enrolled in, or are you now participating in or enrolled in, any U.S. or Canadian internships, residencies or fellowships? If you answer "Yes" please submit a copy of each of your training certificates by fax or mail to the TMB. If a certificate is not available, request the program director at the program to fax or mail a [Form L](#) to the TMB. See the [FAQ page](#) for contact information.

- Yes
 No

Arrest/Criminal History

This is important:

The Board will run queries with the Texas Department of Public Safety (and the FBI) to verify your criminal history. Both entities maintain records, often beyond the time that courts keep them. Please be aware that if you have **ever** been arrested, charged, or convicted of a misdemeanor or a felony, the record of those events will be reported as a

result of the fingerprint inquiry.

Serious traffic offenses such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked **MUST** be reported. This list is not all-inclusive. If in doubt as to whether an offense should be disclosed, it is better to disclose the offense on the application.

Matters in which you were diverted, deferred, pardoned, or pled nolo contendere MUST be disclosed.

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.

If you are in doubt as to how to respond to the questions, full and honest disclosure is highly recommended.

If you answer "Yes" to any question in this section, you are required to submit records and a statement. See [Form R](#).

Question 3*

Have you ever been arrested?

- Yes
- No

Question 4*

Have you ever been charged with any violation of the law regardless of outcome?
(Unless the offense involved alcohol or drugs, you may exclude: 1) traffic tickets; and, 2) violations with fines of \$250 or less.)

- Yes
- No

Question 5*

Are you currently the subject of a grand jury or criminal investigation?

- Yes
- No

Question 6*

Have you ever been placed on probation?

- Yes
- No

Question 7*

Have you ever been 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.)

- Yes
- No

Question 8*

Have you ever been convicted of an offense or imprisoned?

- Yes
- No

Including the incidents you reported in Questions 3-8 above, have you been convicted of, or received deferred adjudication for, a felony, a Class A or Class B misdemeanor or a violation relating to:

(required – see Tex. Occ. Code, Sec. 156.001(e)). If you answer “Yes”, submit [Form R](#).

Question 8a*

Medicare, Medicaid or Insurance fraud

- Yes
- No

Question 8b*

the Texas Controlled Substances Act or intoxication or alcohol beverage offenses

- Yes
- No

Question 8c*

sexual or assaultive offenses

- Yes
- No

Question 8d*

tax fraud or evasion

- Yes
- No

Actions by Health Professional Licensing or Certification Authorities

(Including but not limited to licensing and/or regulatory agencies, specialty boards, and licensing exam administration authorities)

If you answer "Yes" to any question in this section, you are required to submit records and a statement. See [Form S](#).

Question 9*

Have you ever withdrawn an application for a license, permit or certification as a healthcare professional

- Yes
- No

Question 10*

Have you ever been determined ineligible for a license, permit or certification as a healthcare professional?

- Yes
- No

Question 11*

Are you currently the subject of an investigation by any health professional licensing or certification authority?

- Yes
- No

Question 12*

Have you ever had limitations, conditions, or restrictions placed on a healthcare professional license

- Yes
- No

Question 13*

Have you ever been disciplined by any healthcare professional licensing authority?

- Yes
- No

Question 14*

Have you ever been allowed to voluntarily surrender your license in lieu of action by any licensing authority?

- Yes
- No

Question 15*

Have you ever been the subject of a confidential or non-disciplinary action by a licensing authority?

- Yes
- No

Question 16*

Have your federal or state controlled substance permits ever been revoked, restricted, or denied?

- Yes
- No

Medical Education, Training and Employment

If you answer "Yes" to any question in this section, you are required to submit records and a statement. See [Form U](#).

Unusual Circumstances In Medical School

Question 17*

Did you take a leave of absence of four weeks or longer during medical school?

- Yes
- No

Question 18*

Have you ever withdrawn from a medical school for any reason?

- Yes
- No

Question 19*

In medical school, did you ever receive a written warning or documented counseling about your behavior?

- Yes
- No

Question 20*

In medical school were any limitations or special requirements placed on you for professionalism or behavioral issues?

- Yes
- No

Question 21*

Was any disciplinary action taken against you in medical school?

- Yes
- No

Question 22*

Were you ever delayed promotion or advancement to the next level or year in medical school?

- Yes
- No

Unusual Circumstances In Training

Question 23*

Did you ever take a leave of absence during training?

- Yes
- No

Question 24*

Have you ever resigned from a training program?

- Yes
- No

Question 25*

In training were any limitations or special requirements placed on you for professionalism or behavioral issues?

- Yes
- No

Question 26*

In training, did you ever receive a written warning or documented counseling about your behavior?

- Yes
- No

Question 27*

Were you ever placed on probation for any reason during training?

- Yes
- No

Question 28*

Are you currently under investigation by your training program?

- Yes
- No

Question 29*

In training, were any of your privileges or duties ever reduced, suspended, or revoked?

- Yes
- No

Question 30*

Have you ever received partial or no credit for a postgraduate training program?

- Yes
- No

Question 31*

In training were you ever delayed promotion or advancement to the next level?

- Yes
- No

Question 32*

In training were you ever informed your contract would not be renewed?

- Yes
- No

Question 33*

Have you ever been suspended, terminated or dismissed from a training program?

- Yes
- No

Unusual Circumstances During Professional Practice or Military Service

If you answer “Yes” to any question in this section, you are required to submit records and a statement. See [Form U](#).

Question 34*

Have you ever been placed on a performance or quality improvement plan of any type for any reason?

- Yes
- No

Question 35*

Were you ever issued a formal or informal warning, censure, or reprimand?

- Yes
- No

Question 36*

Were additional limitations or requirements placed on you for any reason?

- Yes
- No

Question 37*

Were you ever placed on disciplinary probation?

- Yes
- No

Question 38*

Were your privileges or duties ever reduced, suspended, revoked, or denied?

- Yes
- No

Question 39*

Were you ever terminated, dismissed, or was your resignation requested?

- Yes
- No

Question 40*

Did you ever voluntarily resign in lieu of further investigations or other action?

- Yes
- No

Question 41*

Are you currently under investigation by any governmental agency, health care entity or professional organization?

- Yes
- No

Question 42*

Have you ever had a complaint, allegation, or investigation result in the non-renewal of contract?

- Yes
- No

Malpractice History

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

Question 43*

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?

- Yes
- No

Question 44*

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

- Yes
- No

Question 45*

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?

- Yes
- No

If you answered Yes to Question 43, 44, or 45 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 46*

Have you self-referred to the Texas Physicians Health Program? What is PHP?

- Yes
- No

Question 47*

Within the past five (5) years, have you abused or have you been addicted to alcohol or drugs or have you been treated or monitored for alcohol or other substance abuse/dependency?

- Yes
- No

Question 48*

Within the past five (5) years, have you been diagnosed with or treated for any psychotic disorder, delusional disorder, mood disorder, major depression, personality disorder, or any other mental condition which impaired or does impair your behavior, judgment, or ability to function in school or work?

- Yes
- No

Question 49*

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, which impaired or does impair your behavior, judgment, or ability to function in school or work?

- Yes
- No

Question 50

If you answered "Yes" to questions 47 or 48, 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?

- Yes
 No

Question 51

Degree Awarded*

Question 52

Use the drop down list below to locate your medical school. If you are unable to locate your school, please choose "Unassigned", and be aware that this will delay the processing of your application.

If you have to choose Unassigned as your school code, you must send an email to pits@tmb.state.tx.us with the name and address of your medical school. Be sure to include your name, TMB Personal ID number and contact information.

Country

State

Medical School

Question 53

Year degree was awarded (YYYY)*

Question 54

ECFMG Certification Number
(no dashes/hyphens allowed)

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.

Asterisk (*) indicates response required

Continue

Sample Only - Apply Online

Attestation

I certify that I am the Applicant and I have personally filled in the responses in this Application. I have read and understand all parts of this application; I am the person named in all supplemental information and credentials submitted in support of this application; all of the information contained in this application and all supplemental information and credentials submitted in support of this application are true and correct; all supplemental information and credentials submitted in support of this application are or will be procured without fraud or misrepresentation or any mistake of which I am aware; and I am the lawful holder of all supporting credentials.

I 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, the Texas Physician Assistant Board, or the Texas State Board of Acupuncture Examiners, or their 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, the Texas Physician Assistant Board, or the Texas State Board of Acupuncture Examiners, or their successors to release to the organizations, individuals, or groups listed above any information that is material to this application, or any subsequent licensure.

I will provide updated information to the Board, which shall be received by the Board within 15 days after I become aware of the fact that any response made on my application, although complete and correct when made, is no longer complete or correct.

I agree that any falsification or misrepresentation of any item or response on this application, any falsification or misrepresentation of supplemental information, or any failure to provide updated information is a sufficient basis for a determination of ineligibility or any other adverse action against my application.

I agree to these terms.