



# TEXAS MEDICAL BOARD

## BOARD-APPROVED FELLOWSHIPS - INSTRUCTIONS & INFORMATION

Refer to Chapter 171.4, Postgraduate Training Permits, Board-Approved Fellowships, at <http://www.tmb.state.tx.us/rules/rules/bdrules.php> on the board's web site.

### Does Your Fellowship Require Board Approval for Physician in Training Permits to be Issued?

No, not if the fellowship is approved by:

- the Accreditation Council for Graduate Medical Education (ACGME)
- the American Osteopathic Association (AOA)
- a member board of the American Board of Medical Specialties (ABMS), or
- a member board of the Bureau of Osteopathic Specialists (BOS)

### Application Process

1. Complete the attached application.
2. Attach a check for the \$250 processing fee.
3. Submit it 90 to 120 days before the board-approved fellowship is to begin to allow enough time for processing.

### Internal Reviews

Institutions with board-approved fellowships must determine whether to conduct internal reviews of the board-approved fellowship at the mid-point of the board-approved fellowship's most recent approval period.

### Reapprovals

The DIO and the chair of the GMEC of the institution for which a fellowship has been previously approved by the board must apply to have the fellowship approved again, if the fellowship is to continue after the expiration date. Applications for subsequent approval must comply with all requirements in this section for initial approval and must be submitted at least three months prior to the expiration of the board-approved fellowship in order to prevent a lapse in time of the fellowship. Permit holders shall be allowed to complete their fellowship regardless of continuing fellowship approval.

### Subsequent ACGME, AOA, ABMS, or BOS Certification of Fellowship

All board-approved fellowships subsequently approved by the ACGME, AOA, a member board of the ABMS, or a member board of the BOS, must notify the board within 30 days of their approval. Fellowships may not be dually approved by the board and ACGME, AOA, a member board of the ABMS, or a member board of the BOS. A board-approved fellowship that becomes approved by the ACGME, AOA, a member board of the ABMS, or a member board of the BOS-immediately loses its board-approved status when its new approval becomes effective through the ACGME, AOA, a member board of the ABMS, or a member board of the BOS.

Location Address:  
333 Guadalupe, Tower 3, Suite 610  
Austin, Texas 78701

Mailing Address  
P.O. Box 2029  
Austin, Texas 78768-2029

Phone 512.305.7030  
Fax 512.463-9416  
Licensure Fax 512.305.7009  
[www.tmb.state.tx.us](http://www.tmb.state.tx.us)

**TEXAS MEDICAL BOARD  
APPLICATION FOR BOARD-APPROVED FELLOWSHIP**

Fellowship Name:	
Graduate Medical Institution Name and Mailing Address:  Contact Person (including e-mail and phone number):	
Program Director and Contact Information:	
Length of Fellowship:	
Length of Time for Which Approval of the Fellowship Is Requested (May Not Exceed 5Years):	
Number of Fellows to be Enrolled:	
Required Prerequisites for Fellowship Applicants:	
Begin Date of Fellowship:	
Is this a renewal of an existing fellowship?	<p><b>Yes</b> (if yes please highlight any changes from previous fellowship application in summary section below)</p> <p><b>No</b></p>
Brief Summary of Fellowship, Including: <ul style="list-style-type: none"> <li>• Goals/Objectives</li> <li>• Need for Fellowship</li> </ul>	

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| <ul style="list-style-type: none"><li>• How Fellowship is a Progression from Residency Training</li><li>• Qualifications of Fellowship Program Director</li><li>• Fellowship's Status with Accrediting or Approval Bodies (such as ACGME, AOA, ABMS, and BOS). Include denials of accreditation/approval.</li></ul> |  |
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**TEXAS MEDICAL BOARD  
APPLICATION FOR BOARD-APPROVED FELLOWSHIP**

I certify that the information regarding the above-named fellowship has been reviewed by the Graduate Medical Education Committee and that the following criteria have been satisfactorily demonstrated in the review:

1. Goals and objectives; documented curriculum; and, qualifications of the program director and program faculty, including, but not limited to, certification by the appropriate specialty board and/or appropriate educational qualifications;
2. Process by which subspecialty (fellowship) postgraduate residents are selected;
3. Prerequisite requirements of the subspecialty (fellowship) postgraduate residents, including whether prior residency training in a related specialty is required;
4. Delineated duties and responsibilities required of subspecialty (fellowship) postgraduate residents in the fellowship;
5. Number of subspecialty (fellowship) postgraduate residents to be enrolled each year;
6. Scholarly activity to be required of subspecialty postgraduate;
7. Type of supervision to be provided for subspecialty (fellowship) postgraduate residents;
8. Requirements for the program director or supervising physician to hold a Texas license or faculty temporary license issued by the board;
9. Methods for evaluation of subspecialty (fellowship) postgraduate residents by the fellowship; and
10. Progressive nature, including, but not limited to, the progressively greater responsibility of the subspecialty (fellowship) postgraduate residents throughout the course of the fellowship if the fellowship is over one year in length.

I have read and understand Board Rule 171.4 regarding board-approved fellowships. I will provide such information and documentation to the board as may be requested. By my signature below, I affirm that I am the person holding the designated position and that all of the information contained herein is true and correct.

\_\_\_\_\_  
Printed Name and Texas License Number –  
DIO

\_\_\_\_\_  
Printed Name and Texas License Number  
– GMEC Chairman

\_\_\_\_\_  
Signature – DIO

\_\_\_\_\_  
Signature – GMEC Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date