

Texas Medical Board Physician Online Application Excerpts

Identification

You are applying for the Physician License

Thank you for your interest in applying for a medical license with the Texas Medical Board. As you complete your application for online submission, the Board wants to make you aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Texas Medical board is to protect and enhance the public's safety, health and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education. One way the Board protects the public is by issuing licenses to fully qualified, competent and ethical applicants.

During the licensing process the Board will ask whether you have ever been investigated by any state, arrested, charged, convicted or pled guilty to a crime. An arrest, subsequent criminal conviction, placement on deferred adjudication/prosecution, or disciplinary action is not an automatic disqualification from licensure. Instead, the Board will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. **One thing you must do to obtain the privilege is to be completely honest on your licensure application.**

Be sure to list all relevant complaints, disciplinary actions, charges, or convictions in response to the licensure questions. **Failure to disclose such events could constitute grounds alone for imposition of fines or placement of limitations on your license, or even the denial of your application, or revocation of your license.** Avoid some of the common excuses the Board has 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, charge, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose relevant complaints, disciplinary actions, charges, or convictions. Even after licensure, you are still required to report to the Board about subsequent convictions and disciplinary actions in other states, as they must be reported on your physician profile.

The Board queries several criminal and national disciplinary databases. This allows the board to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be denied a license or be subject to a licensure action if you have been disciplined, arrested, charged or convicted, but action will most likely be taken on your application or license if you fail to disclose it.

Full Disclosure: It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. If you are unsure of your response to a particular question, answer "Yes" and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "Yes" answer to a question on your application is not definitive as to the Board's assessment of your present moral character and fitness, but a dishonest "No" answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks.

Professional History

Full Disclosure: It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. If you are unsure of your response to a particular question, answer "Yes" and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "Yes" answer to a question on your application is not definitive as to the Board's assessment of your present moral character and fitness, but a dishonest "No" answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks.

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

Arrest/Criminal History
Please answer the questions in this section with regard to any action taken by any state, province, territory, U.S. federal jurisdiction, or country. If you answer "Yes" to any question in this section, you are required to submit Form R.
Before you answer "No" to any of the following questions, read the following information carefully:
The Board will run queries with the Texas Department of Public Safety (and the FBI for physician applicants) 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 read the instructions on Form R before you answer "No" to ensure your full and honest disclosure.
If you are in doubt as to how to respond to the questions, full and honest disclosure is highly recommended.
Question 3(required) Have you ever been arrested? If you answer "Yes" to this question, you are required to submit Form R.
Question 4(required) 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.
Question 5(required) 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.
Question 6(required) 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.
Including the incidents you reported in Questions 3-6 above, have you been convicted of, or received deferred adjudication for, a felony, a Class A or Class B misdemeanor for a violation relating to: (required – see Tex. Occ. Code, Sec. 156.001(e)). If you answer "Yes", submit Form R.
Question 7a(required) Medicare, Medicaid or insurance fraud
Question 7b(required) the Texas Controlled Substances Act or intoxication or alcoholic beverage offenses
Question 7c(required) sexual or assaultive offenses
Question 7d(required) tax fraud or evasion
Actions by Professional Licensing Entities
If you answer "Yes" to any question in this section, you are required to submit Form S.
Question 8(required) 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.
Question 9(required) 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.

<p>Question 10(required) 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.</p>
<p>Question 11(required) 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.</p>
<p>Question 12(required) 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.</p>
<p>Actions and Investigations in Education, Training or During Employment</p>
<p>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 minor or not reportable, you must read the instruction on Form U before you answer "No" to ensure your full and honest disclosure. An "academic program" is defined to include any of the following: undergraduate education; professional education such as medical, PA, acupuncture school, or other professional education required for licensure; or post-graduate education.</p> <p>Has an 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:</p>
<p>Question 13a(required) limitation, reduction, suspension, revocation or denial of privileges? If you answer "Yes" to this question, you are required to submit Form U.</p>
<p>Question 13b(required) warning, censure, reprimand, or formal admonishment? If you answer "Yes" to this question, you are required to submit Form U.</p>
<p>Question 13c(required) 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.</p>
<p>Question 13d(required) placement on academic or disciplinary probation? If you answer "Yes" to this question, you are required to submit Form U.</p>
<p>Question 13e(required) request of termination, withdrawal or resignation? If you answer "Yes" to this question, you are required to submit Form U.</p>
<p>Question 13f(required) 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.</p>
<p>Question 14(required) 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.</p>
<p>Question 15(required) 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.</p>
<p>Malpractice History</p>
<p>If you answer "Yes" to any questions in this section, you are required to submit Form V.</p>
<p>Question 16(required) 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.</p>
<p>Question 17(required) 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.</p>
<p>Question 18(required) 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.</p>

<p>If you answered Yes to Question 16, 17, or 18 above, what is the total number of cases? Enter the number here:</p>
<p>Mental and Physical Health</p>
<p>If you answer "Yes" to any of the following questions, you are required to submit Form W.</p>
<p>Question 19a(required) 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.</p>
<p>Question 19b(required) Within the past five (5) years, have you been diagnosed with or have you been 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.</p>
<p>Question 19c(required) 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.</p>
<p>Question 19d(required) 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.</p>
<p>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?</p>
<p>Attestation</p> <p>I affirm 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; that I am the lawful holder of an M.D. or D.O. degree as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, was procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder thereof.</p> <p>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 medical competence, professional conduct, or physical and/or mental ability to safely engage in the practice of medicine. 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.</p> <p>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.</p> <p>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 my license, a determination of ineligibility, or another adverse action against my application or revoking my license after issuance.</p>