



Texas State Board of Medical Examiners

LOCAL ADDRESS: 333 GUADALUPE, TOWER 3, SUITE 610 • AUSTIN TX 78701

MAILING ADDRESS: P.O. BOX 2029 • AUSTIN TX 78768-2029

WEB: www.tsbme.state.tx.us

Physician Licensure Application

For US/Canadian Medical School Graduates Using the Federation Credentials Verification Service (FCVS)

APPLICATIONS THAT DO NOT INCLUDE ALL REQUIRED INFORMATION AND FORMS WILL NOT BE ACCEPTED FOR PROCESSING

The medical board protects consumers through a comprehensive review of each applicant's medical competency, professional conduct, and physical and mental ability to safely engage in the practice of medicine.

The following information is provided to assist you in the application process:

1. Applications are reviewed in the order of receipt. However, the review of applications of physicians who have formally committed to practice in non-metropolitan counties will be expedited. All applicants should identify the city and county where they plan to practice on Application Form A. For information concerning practice in a non-metropolitan county please contact the Office of Rural Community Affairs at <http://www.orca.state.tx.us/>
2. **Applications that do not include all required information and forms will not be accepted for processing. YOUR FCVS PACKET MUST HAVE ARRIVED AT THE BOARD'S OFFICES BEFORE PROCESSING CAN BEGIN.** Documentation that you are required to submit with your application has been highlighted for your benefit. Please read the application carefully and note what must be included.
3. If additional documentation is required from you, you will be notified.
4. Please visit the board's website www.tsbme.state.tx.us and review the board's rules and policies. It is your responsibility to review these rules before signing the Applicant's Oath. Eligibility for licensure in Texas is set out in the board's rules.
5. The Texas Medical Jurisprudence Examination and personal interview are required of all applicants. The examination is administered by Prometric at locations throughout the United States. Information regarding the examination and available study materials can be found on the board's website www.tsbme.state.tx.us Personal interviews are conducted upon completion of the application process and passage of the Jurisprudence exam. Personal interviews occur at the board's offices in Austin, Texas. The interview consists of applicant identification, inspection of original documents and possibly the issuance of a temporary license. Applicants are notified by mail when to schedule their personal interviews and what original documentation to present.
6. Temporary licensure is available for applicants whose files have been determined to be complete, after they have passed the Texas Medical Jurisprudence Examination and whose original documents have been found to be in order. You will be advised how of the Temporary License process when you are notified that your application is complete. The Temporary License will **not** have a number associated with it.
7. The board awards licenses at its regularly scheduled meetings. Dates of the medical board meetings are located on the board's website www.tsbme.state.tx.us. At the time of your Texas Medical Jurisprudence Examination you will be informed of the dates of the board meeting at which your application will be considered. In most instances you will not be asked to attend the board meeting.
8. Questions regarding licensure should be directed to phylic@tsbme.state.tx.us or 1-512-305-7130 between the hours of 8 a.m. and 5 p.m. Central Time. Please visit the board's website and review the board's rules and policies prior to contacting the board.

FORM A

TSBME Licensure Application
For United States and Canadian Medical School Graduates
Using the Federation Credentials Verification Service (FCVS)
Texas State Board of Medical Examiners
P.O. Box 2029, Austin, TX 78768-2029

For agency use only

APPLICANT:

- Complete TSBME Licensure Forms A, L, and Z. (Type or print clearly)
- Contact the Federation Credentials Verification Service at 888-ASK-FCVS or 888-275-3287 to verify that your packet has been mailed to our Board.
- Submit \$805.00 Personal Check, Cashier's Check or Money Order payable to the Texas State Board of Medical Examiners.
- Complete any additional documentation requested and submit with this application

Name: Last	First	Middle	Suffix
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Alternate Names:

Mailing Address: Street	City	State	Zip Code
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Phone number: (work)	(home)	E-mail address:
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Date of Birth: (mm/dd/yyyy)	U.S. Social Security Number:
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Planned Practice City/County:

Ethnic Origin: (circle one)

1. White 2. Black 3. Hispanic 4. Asian or Pacific Islander 5. American Indian or Alaskan Native

Professional History:

List all hospitals/clinics/military assignments/government agencies and locum tenens assignments for the past 10 years. Also, account for any time you were away from medicine for the past 10 years. Use an additional sheet if needed. **Form L is required to be completed for each U.S. or Canadian entity listed. All Form L's are to be included in this application in a sealed envelope with the evaluating physician's signature across the outside envelope flap of each. Make additional copies of Form L as needed. If the facility is no longer operating please submit Form Q with your application. This form is located in the "Additional Forms" area of the website.** <http://www.tsbme.state.tx.us/professionals/docinfo/licforms.htm>

Start Date (mm/yyyy)	End Date (mm/yyyy)	Position	Department	Name & Address of Institution
_____	_____	_____	_____	_____

Medical Licensure History:

List all jurisdictions in which you have applied for or have been granted physician licensure. This includes other states, provinces, countries and United States federal locales. **A letter of current status will be required from each state, province or federal locale. Please request that it be sent directly to this agency.**

Jurisdiction	License #	Date of Issuance	Dates of Practice in that Jurisdiction
_____	_____	_____	_____

Specialty Board Certification History:

Are you board certified? **Yes** or **No** (Circle one)

If you are board certified include a copy of the **last** certificate awarded.

Name of board that awarded certification: _____ Date of Certification: _____

If granted a Texas medical license what medical specialty will you be practicing? _____

If you passed your licensure examination over 10 years ago and your board certification or recertification is over 10 years of age, you will be required to pass the SPEX examination or get board certified/recertified. Current certification or recertification must be recognized by the American Board of Medical Specialties or the American Osteopathic Association. Information on how to register and sit for SPEX can be found at www.fsmb.org You are required to pass SPEX within 3 attempts with a score of 75 or better. **Request that a transcript of your SPEX scores be sent directly to this agency.** The Board Rule regarding the requirement for SPEX is Board Rule 163.1(a)(9)(K)(iii) and 163.6(d)(2)(A). Board rules can be found at <http://www.tsbme.state.tx.us/rules/rules/bdrules.htm>

National Practitioner Data Bank:

Contact the NPDB at www.npdb-hipdb.com or call 1-800-767-6732 and perform a self-query. Submit a copy of the final report of the NPDB and HIPDB with this application. Please note - Many applicants who have performed the self query assume they have received two copies of the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank as one report. However, close scrutiny will reveal that they are slightly different reports and the applicant received one copy of each. Both must be submitted to this agency

Professionalism, Medical Liability:

Full disclosure: It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. 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 in the "Additional Forms" section of our website at <http://www.tsbme.state.tx.us/professionals/docinfo/licforms.htm>

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.

Please answer the questions 1(a)-(d) below with regard to any action taken by any state, province, territory, U.S. federal jurisdiction, or country.

1(a). Have you ever been arrested?	Yes No If Yes, submit Form R.
1(b). Have you been cited or ticketed for, or charged with any violation of the law? (You may exclude minor traffic violations. You must report any offenses involving alcohol or drugs.)	Yes No If Yes, submit Form R.
1(c). Are you currently the subject of a grand jury or criminal investigation?	Yes No If Yes, submit Form R.
1(d). Have you ever been convicted of an offense, placed on probation, or granted deferred adjudication or any type of pretrial diversion? (You may exclude minor traffic violations. You must report any offenses involving alcohol or drugs.)	Yes No If Yes, submit Form R.
2(a). Have you ever been suspended from practice, disciplined, disqualified, denied permission to take an examination for licensure, allowed to resign or voluntarily surrender your license in lieu of disciplinary 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 disciplinary orders, consent orders, agreed orders, or letters of warning.)	Yes No If Yes, submit Form S.
2(b). Have there ever been any formal or informal charges, complaints, or grievances filed (regardless of the outcome) concerning your conduct by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country?	Yes No If Yes, submit Form S.
2(c). Are there now pending any formal or informal charges, complaints or grievances concerning your conduct by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country?	Yes No If Yes, submit Form S.
2(d). Have you ever been denied or required to surrender a federal or state controlled substance permit?	Yes No If Yes, submit Form S.
3(a). 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: (i) limitation, reduction, suspension, revocation or denial of privileges? (ii) warning, censure, reprimand, or formal admonishment? (iii) monitoring of admissions and/or treatment plans? (iv) placement on academic or disciplinary probation? (v) request of termination, withdrawal or resignation? (vi) acceptance of voluntary resignation in lieu of further investigations or other action?	If Yes, submit Form U. Yes No Yes No Yes No Yes No Yes No
3(b). Is any such action pending?	Yes No If Yes, submit Form U.
3(c). Are you currently under investigation by any academic program, health care entity, or professional organization?	Yes No If Yes, submit Form U.
4(a). Has a professional liability claim ever been filed against you or has such a claim been paid on your behalf?	Yes No If Yes, have Form I completed by every malpractice carrier who has insured you and submit Form V.
4(b). Have you ever been charged with or alleged to have committed unprofessional conduct, professional incompetence, negligence, or malpractice in any criminal or civil proceeding?	Yes No If Yes, submit Form V.
4(c). While serving in the US Military or the Public Health Service, or while employed, contracted or privileged by a federal facility was a malpractice claim or medical liability suit filed that involved the care that you had delivered?	Yes No If Yes, submit Form V.
5. Within the past five (5) years: (a) have you abused or have you been addicted to alcohol or drugs or have you been treated for alcohol or other substance dependency or addiction? (b) 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, antisocial personality disorder, or any other condition which significantly impaired your behavior, judgment, understanding, capacity to recognize reality, or ability to function in school, work or other important life activities? (The Board does not seek information regarding "situational counseling" such as stress counseling, domestic counseling, grief counseling, or counseling for eating or sleeping disorders.) (c) have you been diagnosed with or treated for a physical or neurological condition that may currently impair your ability to practice medicine? If yes, please explain fully. As used in this question, "current" means recently enough so that the condition or impairment may have an ongoing impact. (d) Have you been diagnosed with or treated for pedophilia, exhibitionism, voyeurism, frotteurism, or sexual sadism?	If Yes, submit Form W. Yes No Yes No Yes No Yes No.
6. If you answered "yes" to Question 5(a) or (b), are the limitations caused by your mental health condition or substance abuse problem, reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?	Yes No

APPLICANT'S OATH

The applicant, _____, _____ being first duly
(Print full name - no initials) (Date of birth mm/dd/yyyy)

sworn upon his/her oath affirms 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, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. 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 State Board of Medical Examiners 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 State Board of Medical Examiners 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. 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.

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR A DETERMINATION OF INELIGIBILITY OR ANOTHER ADVERSE ACTION AGAINST MY APPLICATION.

APPLICANT SIGNATURE: _____
(Applicant's full signature required - no initials)

DATE _____

FORM L

PHYSICIAN LICENSURE EVALUATION

Texas State Board of Medical Examiners

APPLICANT SECTION

APPLICANT:

Complete the information in this box. This form is to be returned to you in a sealed institution envelope with the evaluating physicians signature affixed over the outside envelope flap. You must have evaluations from every U.S. or Canadian facility with which you have been affiliated in the past 10 years. Make additional copies of this form as needed.

Applicant's Current Full Name: _____ Name at time of affiliation if different: _____

Applicant's Address: _____ Telephone: _____ E-Mail: _____

Name of Evaluating Hospital/Institution _____

Address of Evaluating Hospital/Institution _____

Dates of affiliation From (mm/yy) _____ To (mm/yy) _____

Department of Affiliation _____

Your position at the time of affiliation Intern Resident Fellow Staff

I authorize the release of the information contained in this evaluation form to the Texas State Board of Medical Examiners.

Applicant's Signature

EVALUATING PHYSICIAN SECTION

EVALUATING PHYSICIAN:

- A physician who currently holds one of the following positions must complete this evaluation: Chief of Staff, Training Director, Medical Director or Department Chairman. Letters of recommendation or standard institution verification forms will not be accepted in lieu of this form.
- After completing this evaluation and having your signature notarized, place this form in an envelope of the hospital/institution that you represented, seal the envelope and place your signature over the outside sealed envelope flap.
- If you have any questions regarding how to complete this form contact the Physician Licensure division at 512-305-7130.

Evaluating Physician Name / Degree

- Title:** Chief of Staff
 Department Chairman
 Medical Director
 Training Director

1. This evaluation based on Personal Knowledge Review of Credential File

2. How long have you known the applicant? Years _____ Months _____

3. (a) Is the applicant related to you? Yes No
 (b) Do you know the applicant well? Yes No
 (c) Has your acquaintance with the applicant continued until recent date? Yes No

4. Do you consider the applicant:
 (a) Reliable? Yes No
 (b) Ethical? Yes No
 (c) Of good character? Yes No

5. Please rate the applicant:

	EXCELLENT	GOOD	AVERAGE	ADEQUATE	POOR
(a) Professional ability					
(b) Attention to duties					
(c) Breadth of education					
(d) Interpersonal skills					

6. Has applicant, to your knowledge, ever been guilty of:
 (a) Fraud or dishonesty? Yes No
 (b) Unprofessional conduct? Yes No

7. If the English language is not the native language of this applicant, do you feel that he/she has the ability to adequately communicate in the English language? Yes No

8. To your knowledge, has the applicant ever:
- (a) been warned, censured, disciplined, had admissions monitored or privileges limited? Yes No
 - (b) had disciplinary action taken against him/her by a licensing agency? Yes No
 - (c) been denied or surrendered a federal or state controlled substance permit? Yes No
 - (d) been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation? Yes No
 - (e) been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in his/her behalf or paid such a claim him/herself? Yes No
 - (f) been placed on probation, asked to withdraw or reprimanded? Yes No

9. If you answered "yes" to any of the above questions, please provide any additional information you may have, including the names of other individuals who may have information concerning this applicant.

10. Are the dates of privileges provided by the applicant on the top portion of this form accurate? Yes No

If not, please provide the correct dates: Beginning month _____ / year _____ Ending month _____ / year _____

NOTE: All reports received by the TSBME on a licensure applicant are confidential and are not subject to disclosure under the Texas Open Records Act; however, the board must disclose such reports if they are relied upon in a contested denial of licensure.

Evaluating Physicians Name: _____

Printed

Signature

Title: _____ Address: _____

Phone: _____ Fax: _____ E-mail: _____

Evaluating Physicians State of Licensure: _____ Your License No.: _____

BEFORE ME, the undersigned Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to this Evaluation, and who after being by me duly sworn, on oath, stated that he/she executed the Evaluation for all purposes expressed therein.

Given under my hand and official seal and office on this _____ day of _____, 20_____.

Printed or typed name of Notary Public

Signature of Notary Public

Notary commission expires:

(Notary Seal)

REMINDER: Evaluating Physician after completing this evaluation and having your signature notarized, place this form in an envelope of the hospital/institution that you represented, seal the envelope and place your signature over the outside sealed envelope flap.

FORM Z

Name Verification Form

Dear Physician Licensure Applicant:

Effective July 1, 2004 the Texas Medical Jurisprudence examination will be administered at Prometric testing sites in the United States and Canada. Physician licensure applicants are no longer required to have completed application files prior to taking the Jurisprudence examination.

When you appear at Prometric for your scheduled exam you will be required to provide the test center with either your current driver's license issued by a state driver's license bureau located in the United States or your current passport. Whichever document you choose must contain a recent photograph and your signature.

The name on the document that you choose to present for identification purposes must match exactly the name that the TSBME has furnished to Prometric as your test use name, therefore, in the space provided below **print** your name exactly as it appears on the document you are going to present to Prometric. You may fax this document to (512) 305-7009 or mail to TSBME, P.O. Box 2029, Austin, TX 78768-2029.

Last Name

First Name

Middle Name or Initial

You may schedule your JP exam upon receipt of a scheduling permit, which will be mailed to you at the address and e-mail address listed on your application within 10 days of receiving this name verification form. If you have any questions regarding scheduling please contact the board's Customer Information Center at (512) 305-7030.

What to Bring to the Testing Center

You will not be admitted to the testing room without your Scheduling Permit and an unexpired, government-issued form of identification (such as a current driver's license or passport) that includes both your recent photograph and signature. A photocopy or facsimile of your permit is not acceptable. The first and last names on your identification form **MUST EXACTLY MATCH** the names on your permit. The only acceptable difference would be the presence of a middle name or middle initial on one document and its absence on the other. If your name is misspelled or differs from your name as it appears on your identification, contact your registration entity immediately. Name changes or corrections cannot be made within 7 business days of your scheduled testing date. If you do not bring your Scheduling Permit and acceptable identification, you will not be admitted to the test. In that event, you must pay a fee to Prometric to reschedule your test.

I understand the above stated instructions.

Signature

Date