

FORM Y

Affidavit for Expedited Handling

Statute requires that the board expedite applications by persons who submit an affidavit with the application stating that: 1) the applicant intends to practice in a rural community; or, 2) the applicant intends to practice medicine in a medically underserved area or health professional shortage area, designated by the United States Department of Health and Human Services, that has a current shortage of physicians. (Section 155.1025(a), Occupations Code)

Rural communities are designated by the State Office of Rural Health (SORH), at the Texas Department of Agriculture (TDA). Medically underserved areas (MUAs) and health professional shortage areas (HPSAs) are designated by United States Department of Health and Human Services.

To find out if your intended practice area is considered a rural community, please email the State Office of Rural Health (SORH), at RuralHealth@texasagriculture.gov Additional information is available online at: <http://www.texasagriculture.gov/stateofficeofruralhealth>.

To find out if your intended practice area qualifies as a MUA or HPSA, please email the Texas Department of State Health Services (DSHS) a request to research the address to TexasPCO@dshs.state.tx.us.

If your practice area qualifies, SORH and/or DSHS will email verification to you and TMB. If you do not have an intended practice address yet, SORH and/or DSHS will email an acknowledgment that you intend to either work in a designated area or serve a designated area. **Mail this form with your signature as soon as possible to the Texas Medical Board (TMB). Both this form and verification from DSHS or SORH are required before your application will be assigned to a licensing analyst and flagged for expedited handling.**

The board is required to give priority status to applicants who agree to treat Medicare and Medicaid patients for the five years following issuance of their medical license. Because multiple factors are involved, the order of priority of applications assigned priority status or that will be provided expedited handling is, from highest to lowest priority:

- 1 – Medicare/Medicaid and MUA and HPSA and rural
- 2 – Medicare/Medicaid and two other factors (MUA, HPSA, or rural)
- 3 – Medicare/Medicaid and one other factor (MUA, HPSA, or rural)
- 4 – Medicare/Medicaid only
- 5 – Three other factors (MUA and HPSA and rural)
- 6 – Two other factors (MUA, HPSA, or rural)
- 7 – One factor (MUA, HPSA, or rural)

Based on the order of priority above, applicants utilizing one or more factor will be reviewed ahead of other applicants in Pre-licensure, once assigned to a licensing analyst, and during processing by a licensing analyst.

I affirm that I intend to practice in an area designated as meeting the factor(s) selected. I therefore request expediting of my application although I understand my file will not be expedited until TMB receives verification from DSHS and/or TDRA. I understand that my failure to practice in such an area may constitute unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public and may result in disciplinary action.

Name and location of practice area: _____

Factor(s) applicable to this area: MUA HPSA Rural

Applicant's Signature

Date

Printed name