Out-of-State Telemedicine License
ID Number: _____
Name: _____

Out of State Telemedicine Affidavit

Tex. Admin. Code, Sec. 172.12(c) imposes limits on the Out-of-State Telemedicine License for which you have applied. An Out-of-State Telemedicine License to practice medicine across state lines is limited exclusively to: (1) the interpretation of diagnostic testing and reporting of those results to a physician fully licensed and located in Texas, or (2) the follow-up of patients where the majority of patient care was rendered in another state.**If the type of medicine you plan to practice under the Out-of-State Telemedicine License does not conform to the limits above, you will not be eligible for licensure under the Out-of-State Telemedicine License.**

I wish to:

____ withdraw my Out-of-State Telemedicine License application and request a refund.

____ continue with my Out-of-State Telemedicine License application.

I understand that if I choose to continue with my Out-of-State Telemedicine License application and am subsequently issued such a license, I must comply with the practice limitations in Board Rule 172.12(c).

I certify that I am the person herein named subscribing to this affidavit; that I have read Board Rule 172.12 relating to Out-of-State Telemedicine Licenses and its limitations; that all of the information contained herein is true and correct; and, that I understand that submission of a false statement will be found to be a violation of the Medical Practice Act and Board rules.

I certify that my practice in Texas will be limited to (initial specialty):
____ Pathology or Pathology sub-specialty
____ Radiology or Radiology sub-specialty
____ Cardiovascular Imaging
____ Neurophysiology
____ Sleep Medicine
____ Other Specialty:_____

(describe nature of practice if “Other Specialty”)_____

_____

Return this affidavit to:
Texas Medical Board
Pre-Licensure, Registration, and Consumer Services Department
MC-240
PO Box 2029
Austin, TX 78768-2029

_____ _____
Signature of Physician Date