

**APPLICATION FOR RECERTIFICATION:  
BIENNIAL REPORT FOR A  
CERTIFIED 162.001(b) NON-PROFIT HEALTH ORGANIZATION**

Texas Medical Board  
P. O. Box 2029  
Austin, Texas 78768-2029  
(512) 305-7030

Texas Medical Board  
1801 Congress Ave, Ste. 9-200  
Austin, Texas 78701

I hereby request recertification of \_\_\_\_\_

\_\_\_\_\_  
(Name, address, telephone number of organization) as a non-profit health organization pursuant to the Medical Practice Act, Texas Occupation Code, Section 162.001(b) (the "Act"), and Chapter 174 of the Rules of the Texas Medical Board ( the "TMB rules"). By my signature at the end of this Application for Recertification and Biennial Report, I certify that I am the \_\_\_\_\_  
(title) of said organization; that I am the officer authorized in the bylaws to act as the chief executive officer; that the following information in support of this Application and Biennial Report has been personally reviewed by me for accuracy, and this information is true and correct.

**I.**

**BIENNIAL IDENTIFICATION STATEMENT/COMPLIANCE STATEMENT**

The following information is true and correct, the names and mailing addresses are current, and the information is in compliance with the requirements for continued certification as required by the Act and the TMB rules:

1. NON-PROFIT CORPORATION:

Name

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the Corporation changed its name since the last filing? YES NO (Circle one)  
If yes, please indicate the previous name below.

\_\_\_\_\_

3. MEMBERS:

Name

Address

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4. DIRECTORS:

Medical

License #

Name and Address


5. CHANGES IN COMPOSITION OF BOARD OF DIRECTORS SINCE LAST REPORT:

Previous Director

New Director

Date of Change


6. OFFICERS:

Name

Office Title

Address


## II. BIENNIAL DOCUMENT STATEMENT/DOCUMENT COMPLIANCE STATEMENT

The current Articles of Incorporation and Bylaws of this nonprofit health organization are in compliance with the requirements for certification and continued certification as required by the Act and the TMB rules, and a current copy of these documents is attached hereto if not already on file with TMB.

Also:

1. The **Articles of Incorporation** HAVE / HAVE NOT (*circle one*) been revised since the last report to TMB (if yes, see instructions).
2. The **Bylaws** HAVE / HAVE NOT (*circle one*) been revised since the last report to TMB (if yes, see instructions).
3. Such revisions were approved by the Board of Directors on \_\_\_\_\_(date). (*Insert N/A if appropriate*)

## III. PRESIDENT'S OR CHIEF EXECUTIVE OFFICER'S STATEMENT

Signed statements of each of the current Directors of this Nonprofit Health Organization are attached hereto and are in compliance with the requirements for certification and continued certification as required by the Act and the TMB rules.

\_\_\_\_\_(Signature) \_\_\_\_\_(Date)  
\_\_\_\_\_(Printed Name) \_\_\_\_\_(Phone #)

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

BEFORE ME, on this day personally appeared \_\_\_\_\_,  
known to me, who, first, being duly sworn, signed the foregoing Application for Recertification: Biennial Report for a Non-Profit Health Organization, in my presence indicating that the information contained therein is true and correct.

SIGNED on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Seal

\_\_\_\_\_  
NOTARY PUBLIC

## DIRECTOR'S STATEMENT

STATEMENT OF \_\_\_\_\_

THE STATE OF TEXAS                   §

§

COUNTY OF \_\_\_\_\_ §

\_\_\_\_\_, hereby states to the Texas Medical Board (the "TMB") with full knowledge that the TMB will rely upon these statements in acting upon an application for certification or for purposes of continued certification of \_\_\_\_\_ under Chapter 174 of the TMB's rules, as follows:

1. My name is \_\_\_\_\_. I am licensed under the Medical Practice Act of Texas, Texas Occupations Code, Subtitle B, (the "Act") to practice medicine in the State of Texas. My medical license number is \_\_\_\_\_.

2. I am on the Board of Directors of \_\_\_\_\_, a non-profit corporation incorporated in Texas (the "Corporation"). Pursuant to the Articles of Incorporation and Bylaws of the Corporation, the directors of the Corporation and their successors in office are required to be licensed by the TMB and "actively engaged in the practice of medicine". In making this statement, I have reviewed the Articles of Incorporation and the Bylaws of the Corporation.

3. I am "actively engaged in the practice of medicine" defined as follows: engaged in diagnosing, treating or offering to treat any mental or physical disease or disorder or any physical deformity or injury or performing such actions with respect to individual patients for compensation and shall include clinical medical research, the practice of clinical investigative medicine, the supervision and training of medical students or residents in a teaching facility or program approved by the Liaison Committee on Medical Education of the American Medical Association, the American Osteopathic Association or the Accreditation Council for Graduate Medical Education, and professional managerial, administrative, or supervisory activities related to the practice of medicine or the delivery of health care services.

4. In serving as a director of the Corporation, I shall comply with all relevant provisions of the Act and the TMB rules.

5. In serving as a director of the corporation, I shall exercise best efforts to cause the Corporation to comply with all relevant provisions of the Act and the TMB rules.

6. I shall exercise independent judgment as a director in all matters and, specifically, matters relating to credentialing, quality assurance, utilization review, peer review, and the practice of medicine.

7. I shall immediately report to the TMB any act or event that I reasonably and in good faith believe constitutes a violation or attempted violation of the Act or the TMB rules.

8. Any financial relationship that I have with (i) the members of the Corporation, or (ii) the other directors of the Corporation, any Supplier (as defined below), or any affiliate with any member,

other director, or Supplier, has been disclosed to the members of the Corporation and the Board of Directors of the Corporation. All such financial relationships are described below, and I am disclosing such financial relationship(s) to the TMB by this statement. The term "Supplier" as used in this letter means (i) a physician retained to provide medical services to or on behalf of the Corporation, or (ii) any other person providing or anticipated to provide services or supplies to or on behalf of the Corporation in excess of \$10,000 during a twelve-month period.

### **FINANCIAL RELATIONSHIPS**

**Indicate financial relationships held with suppliers, the non-profit health organization, members, or other directors - DO NOT LEAVE BLANK**

Check all that apply:

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Salary                     | <input type="checkbox"/> Stipend      | <input type="checkbox"/> Per Diem      |
| <input type="checkbox"/> Commission                 | <input type="checkbox"/> Royalties    | <input type="checkbox"/> Stock Options |
| <input type="checkbox"/> Benefits Package           | <input type="checkbox"/> Office Space | <input type="checkbox"/> Other         |
| <input type="checkbox"/> No Financial Relationships |                                       |  |

I hereby affirm that the information included on this Director's Statement is true and correct in every detail.

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(Signature of Physician)

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(Date)