Biennial Recertification 162.001(c) Nonprofit Health Organization Instructions

Biennial Report Processing

Nonprofit corporations that are certified by the Texas Medical Board (TMB) as Nonprofit Health Organizations are required to submit reports every two years from the year of initial certification.

Complete the biennial report and submit it to the TMB no later than September 30th. A health organization that fails to submit an accurate biennial report along with the required fees within 90 days of its due date may be decertified at the next meeting of the board.

Any changes in qualifications or documentation required for initial certification must be provided to the TMB with the biennial report. Qualifications are shown below.

Qualifications for Certification as a 162.001(c) Organization (Texas Occupations Code, Section 162.001(c))

- Nonprofit corporation under the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) and Section 501(c)(3), Internal Revenue Code of 1986 (26 U.S.C. Sec. 501(c)(3)); and Is organized and operated as:
 - a migrant, community, or homeless health center under the authority of and in compliance with 42 U.S.C. Section 254b or 254c; or
 - a federally qualified health center under 42 U.S.C. Section 1396d(1)(2)(B).

Qualifications for Certification as a 162.001(c-4) Organization (Texas Medical Practice Act, Texas Occupations Code Annotated, Section 162.001(c-4))

- Hospital district; and
- <u>Recognized</u> by a federal agency as a public entity eligible to receive a grant related to a community or federally qualified health center; and created in a county with a population of more than 800,000 that was not included in the boundaries of a hospital district before September 1, 2003
 - Is organized and operated as:
 - a migrant, community, or homeless health center under the authority of and in compliance with 42 U.S.C. Section 254b or 254c; or
 - a federally qualified health center under 42 U.S.C. Section 1396d(l)(2)(B).

TMB Contact Information

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Licensure Staff:	Date:
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Committee Approval Date: _____

Board Approval Date: _____

Comments: