

**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 177 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.

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 177 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.

(Signature of Physician)

(Date)