

Jointly Owned Entities Formed Before June 17, 2011

Mailing Address

P. O. Box 2029
MC-245
Austin, TX 78768-2029

Physical Address

1801 Congress Ave
Suite 9-200
Austin, TX 78701

Phone (512) 305-7030

Fax (888) 512-2581

If you have any questions, please contact the Registrations Department at Registrations@tmb.state.tx.us.

Jointly Owned Entities Web Page:

<http://www.tmb.state.tx.us/page/renewal-jointly-owned-physician-pa>

Instructions:

The packet must include:

- The Entity Information Sheet
- A Physician Assistant Owner Certification for Entities Formed Before June 17, 2011 for each physician assistant owner

Submit the Entity Information Sheet, and all required owner certifications, in one packet, to the Texas Medical Board at the mailing shown above (overnight mail sent by private carrier can be sent to the TMB physical address above).

Entity Information Sheet

Entity Information

Entity Name: _____
Entity Address: _____

Entity Type: Corporation PLLC **Date Entity Formed*:** _____
 Partnership Professional Assoc.

Entity Contact Person: _____
Entity Phone: _____ **Entity Fax:** _____
Entity E-Mail: _____ **FEIN or Tax ID Number** _____

Officer/Partner Information (attach additional pages as needed)

<u>Position</u>	<u>Printed Name</u>
_____	_____
_____	_____
_____	_____
_____	_____

Ownership Information (Please list ALL owners, and attach additional pages as needed)

<u>Printed Name</u>	<u>License Type*</u>	<u>License Number</u>	<u>Percent Ownership</u>	<u>Signature</u>
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____
_____	<input type="checkbox"/> Physician <input type="checkbox"/> PA	_____	_____	_____

*If an owner is not a physician or a PA, attach a statement addressing the individual's role in and relationship to the entity.

Supervision/Prescriptive Delegation

For each physician who is not an owner and supervises or delegates prescriptive authority to any PA owner (attach additional pages as needed):

<u>Physician Name</u>	<u>License Number</u>	<u>Physician Name</u>	<u>License Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Entities formed before 6/17/11 have no reporting fee at this time.**

Physician Assistant Owner Certification
For Entities Formed Before June 17, 2011

Each physician assistant owner must complete the following certification.

For the jointly owned entity _____ (*name of entity*), I certify that:

1. the entity performs a professional service that falls within the scope of practice of physicians and physician assistants;
2. the percentage of my ownership of the jointly owned entity listed in the attached Entity Information Sheet is correct;
3. I understand that nothing in statute may be construed to allow the practice of medicine by someone not licensed as a physician, or to allow a person not licensed as a physician to direct the activities of a physician in the practice of medicine;
4. I understand that The Texas Medical Board and the Texas Physician Assistant Board continue to exercise regulatory authority over their respective license holders according to applicable law and to the extent of a conflict between Subtitle B, Title 3, Occupations Code, and Chapter 204, Occupations Code, or any rules adopted under those statutes, Subtitle B, Title 3, or a rule adopted under that subtitle controls; and,

I certify that the information that I have provided on this application is correct. I understand that it is a violation of the Physician Assistant Licensing Act, Tex. Occ. Code Ann. §204.302 and Tex. Occ. Code Ann. §204.303, and the Tex. Pen. Code Ann. §37.10 to submit a false or misleading statement to a governmental agency. I certify that I am the person named in this document, and all statements I have made are true.

Physician Assistant Name - Printed

Physician Assistant License Number

Physician Assistant Signature

Date