



## TEXAS MEDICAL BOARD

To: Physician in Training (PIT) Permit Holders

From: Texas Medical Board, Licensure Division - Physician in Training Section

Subject: PIT Holder Reports

Board rule §171.5 states in part that each PIT holder shall report in writing to the Executive Director of the Board, the following events within thirty days of their occurrence.

- (a) Failure of any PIT holder to comply with the provisions of this chapter or the Medical Practice Act §160.002 and §160.003 may be grounds for disciplinary action as an administrative violation against the PIT holder.
- (b) The PIT holder shall report in writing to the executive director of the board the following circumstances within thirty days of their occurrence:
- (1) the opening of an investigation or disciplinary action taken against the PIT holder by any licensing entity other than the TMB;
  - (2) an arrest; a fine, citation or violation over \$250 (excluding traffic tickets, unless drugs or alcohol were involved); charge or conviction of a crime; indictment; imprisonment; placement on probation; or receipt of deferred adjudication; and
  - (3) diagnosis or treatment of a physical, mental or emotional condition, which has impaired or impairs the PIT holder's ability to practice medicine.

Use the form on the following page to make a report. Fax the completed form to 512-463 9416, Attn: PIT Permits. Include your name and TMB personal ID# on all correspondence.

Location Address:  
333 Guadalupe, Tower 3, Suite 610  
Austin, Texas 78701

Mailing Address  
P.O. Box 2029  
Austin, Texas 78768-2029

Phone 512.305.7030  
Fax 512.463-9416  
Licensure Fax 512.305.7009  
[www.tmb.state.tx.us](http://www.tmb.state.tx.us)



TEXAS MEDICAL BOARD  
**PHYSICIAN IN TRAINING PERMIT HOLDER'S REPORT**

Name: \_\_\_\_\_  
(Please type or print name as it appears on permit)

TMB Personal ID Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Permit Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Training program: \_\_\_\_\_  
(name, address and specialty)

**Date of Event/Action:** \_\_\_\_\_

Furnish the specific details and reasons for the report, including dates, actions or events leading to this report and changes to your status. If more room is needed, use the reverse side of this form. You may be asked to furnish more information after Board staff has reviewed your report.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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