

Physician Profile Update Request

Mailing Address

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

Phone (512) 305-7030
Fax (888) 512-2581

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

Profile Information and Update Web Page:

<https://www.tmb.state.tx.us/page/content-online-profile-system>

Instructions:

Licensee profile changes/corrections/updates must be submitted in writing, with the signature of the licensee. Please note - **Email requests are preferred** but will only be accepted if the email includes an attachment with the requested change and a signature of the licensee.

Requests are reviewed in the order received and may take up to 10 business days for processing.

Board rule 173.3, **licensed physicians must report the following to the Board within 30 days after the event:**

- Any change of mailing or practice address;
- Incarceration in a state or federal penitentiary;
- A description of any conviction for a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude;
- A description of any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court;
- An initial finding by the trier of fact of guilt of a felony under:
 - Chapter 481 or 483, Health and Safety Code (relating to offenses involving controlled substances and dangerous drugs);
 - Section 485.033, Health and Safety Code (relating to offenses involving inhalant paraphernalia); or
 - the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. §801 et seq.);
- Any disciplinary action issued by another state, territory, or nation against the physician's medical license; or
- Any medical malpractice claim against the physician for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. This does not include any offers by the physician to settle the claim.

The process for updating a mailing or practice address is available on our website:

<http://www.tmb.state.tx.us/page/change-address>

All other profile updates that are **required** to be completed within 30 days should be submitted on the following form for update between registration/renewals.

Profile Update Request Sheet

Physician Information (please print)			
_____ Last Name	_____ First Name	_____ Middle Name	_____ Suffix
_____ Email Address	_____ Phone Number	_____ Texas License Number	
Criminal Charges and Convictions			
<p>The information you provide will be added to any information previously reported, if possible. List all charges and convictions of any offense constituting a felony, Class A or B misdemeanor, or Class C misdemeanor involving moral turpitude. This list must include those offenses to which you have pled no contest or nolo contendere, accepted deferred adjudication or pretrial diversion, or in which sufficient facts of guilt initial or final were found and the matter was continued by a court of competent jurisdiction.</p> <p>You are not required to report charges that are pending or that have been dismissed without first being placed on deferred adjudication or pretrial diversion. If you have been initially convicted, but are appealing, you do have to report this information. You must describe any such charges and convictions in the space below.</p> <p>Description should include the type of charge or offense, the type of action (No Contest, Deferred Adjudication, Pre-Trial Diversion or Conviction), date of conviction or other action, city/state and court name. You must include if your sentence requires any post-conviction incarceration. (Anyone submitting this on behalf of a licensee must also reference their legal authority to provide this information on behalf of the licensee.) Up to 1000 characters will be allowed to be displayed on the profile.</p>			
_____ Physician Name - Printed		_____ Physician License Number	
_____ Physician Signature		_____ Date	

Disciplinary Action by Other States

The information you provide will be added to any information previously reported, if possible. Describe any disciplinary action taken against you by a medical or osteopathic board of another state. Description should include the name of the state board and the action taken. Up to 1000 characters will be allowed to be displayed on the profile.

Medical Malpractice Jury Awards

The information you provide will be added to the information previously reported, if possible. Describe any medical malpractice claims against you, for which all of the following apply:

1. for which you were found liable,
2. a jury awarded monetary damages to the claimant, and
3. the award has been determined to be final and not subject to further appeal.

You do not have to include a description of any offers by you to settle the claim. Up to 1000 characters will be allowed to be displayed on the profile.

Physician Name - Printed

Physician License Number

Physician Signature

Date