TEXAS MEDICAL BOARD
P.O. Box 2029
Austin, Texas 78768-2029

SURGICAL ASSISTANT LICENSE INSTRUCTIONS and APPLICATION

The medical board protects consumers through a comprehensive review of each applicant's competency, professional conduct, and physical and mental ability to safely engage in practice as a surgical assistant.

An applicant who provides false information or a false response to any of the questions is subject to denial of licensure and being reported to the appropriate data banks.

The following information is provided to assist you in the application process:

1. Please visit the board's website at www.tmb.state.tx.us and review the board's rules and policies. It is your responsibility to review the rules under Chapter 185, as well as Chapter 206 of the Occupations Code, before signing the Applicant's Oath. These can be found under the Rules & Guidelines on the board's website. Eligibility for licensure in Texas is set out in the board's rules. Review the eligibility checklist available on the board's website.

2. Complete all of the information on the Surgical Assistant License Application and submit the completed application with the total required fee in the form of a personal check, cashier's check or money order payable to the Texas Medical Board.

3. Please note that Texas has a two-step application process – Screening and licensing. During Screening, the applicant's documents are collected and the applicant will be updated via email as to which documents have been received and are missing. Only after all the documents have been received is the application considered complete and the Licensing step may begin. During Licensing, a licensure analyst will review and verify all the information contained in the application and the supporting documentation. More information will be requested by a licensure analyst if the previously submitted documentation is not complete and/or contains errors.

4. Because communication from Board staff regarding licensure applications are primarily via email, please include a valid, legible email address on your application.

5. Temporary licensure is available for applicants whose files have been determined to be complete. Should you wish to apply for one, please submit the Temporary License Affidavit along with a Temporary License fee. The Temporary License fee is $50 and should be sent in the form of a personal check, cashier's check or money order payable to the Texas Medical Board. The temporary license will not be issued until your application is complete in every detail. The Temporary License will **not** have a number associated with it.

6. The board awards licenses at its regularly scheduled board meetings. Dates of the medical board meetings are located on the board's website. At the time that your application is determined to be complete, you will be informed of the dates of the board meeting at which your application will be considered. In most instances you will not be asked to attend the board meeting.

7. Questions regarding licensure should be directed to staff via email at screen-cic@tmb.state.tx.us or by phone at 1-512-305-7130. Please visit the board's website and review the board's rules and policies prior to contacting the board.

INSTRUCTIONS

FOR COMPLETING YOUR SURGICAL ASSISTANT LICENSURE APPLICATION

The following information is provided in order to help you complete your licensure application forms. Please type or print clearly in ink and provide full details for each question, including dates, complete names, addresses, and zip codes when applicable.

APPLICATION FOR SURGICAL ASSISTANT LICENSE

You must complete all information on the application form and sign the oath. See pgs 5-8.

APPLICATION DOCUMENTATION

In addition to your application, the following documents are required. After your application and application fee have been received, you will receive an email listing the documentation required during Screening. Please note other documents may be required. Should other documents be requested, you will be notified by your licensure analyst.

Documents are available on the Forms section of the TMB website.

Birth Certificate/Proof of Age: You must submit a **copy** of your birth certificate or a **copy** of your passport.

Name Change Document: If any of your documents show a name other than the name on your application, submit one of the following:

- Marriage - Furnish a **copy** of your marriage certificate.
- Divorce - Furnish a **copy** of your divorce decree.
- Adoption - Furnish a **copy** of your adoption order.
- Court Order - Furnish a **copy** of your name change document.

DPS/FBI Fingerprint Results: A DPS/FBI fingerprint report will be required as part of the application process. A set of instructions will be emailed to you after receipt of your application.

Post-Secondary Education (Associate's Degree): You must have been awarded at least an associate's degree at a two or four year institution of higher education. Request a **certified transcript** issued by the college/university, which indicates the date the degree was awarded, be submitted directly to the board from the college/university.

Educational Program: You must have a **certified transcript** of your educational program (either surgical assistant program, medical school, registered nurse first assistant program, or surgical physician assistant program) submitted directly to the board from the program/school in a sealed envelope with the signature of an official of the program/school over the sealed flap.

Examination Verification: You must have a letter submitted directly to the board from the appropriate testing service verifying that you passed a surgical assistant examination. To request your score report, contact the following:

ABSA	**(American Board of Surgical Assistants)**	www.absa.net
NBSTSA	**(National Board of Surgical Technology and Surgical Assisting)**	www.nbstsa.org
NSAA	**(National Surgical Assistant Association)**	www.nsaa.net

Board Certification: You must submit a **copy** of your valid and current certificate from the **ABSA, NBSTSA,** or **NSAA.**

License Verification: You must request a **letter** of current status (licensure verification) be sent directly to the board from all state/provincial licensing agencies through which you have ever been licensed, registered or certified as a health care professional.

Work Experience/Surgical Assistant: Use the "Work Experience" form on the Board's website to document completion of 2000 hours of full-time, active work as a surgical assistant.

- List all supervising physicians in the last three years and their facility along with an accurate estimate of total hours worked for each.
- You must then have a "Performance Evaluation" completed by each physician that you listed on the Work Experience form. See directions below.

Performance Evaluation/Surgical Assistant: The "Performance Evaluation" form must be completed by each physician that you listed on the "Work Experience" form. The supervising physician must send the completed evaluation directly to the Texas Medical Board via mail, fax, or email per the instructions on that form.

- Letters of recommendation are not accepted in lieu of this form.
- We will not accept residency participation or observerships in lieu of active surgical assistant experience.

Please note: If you have not been supervised by at least three physicians, you will be required to furnish a personal statement providing full details. You will be contacted by your licensing analyst regarding this item.

ADDITIONAL DOCUMENTS

FORM R
"Yes" response to Question 1-5 of the application. This form must be completed ONLY if you have ever been arrested, convicted or placed on probation per application instructions.

Submit a separate Form R for each event and provide full details.

Have the arresting agency and court involved send legible copies of the arrest documents and court documents relating to the event directly to our Board.

FORM S
"Yes" response to Question 6-10 of the application. This form must be completed ONLY if you have ever been the subject of disciplinary action by a professional licensing entity as *any* kind of licensed health professional.

Submit a separate Form S for each disciplinary action taken by a professional entity and provide full details.

Have the authority or entity involved in the action send all records regarding the investigation, action or pending action directly to the board's offices.

FORM U
"Yes" response to Question 11-13 of the application. This form must be completed ONLY if you have ever been the subject of disciplinary actions or investigations in education, training or during employment

Submit a Form U for each disciplinary action taken by while in undergraduate education; professional education such as medical, PA, acupuncture school, or other professional education required for licensure; or post-graduate education and provide full details.

Have the organization or entity involved in the action send all records regarding the investigation, action or pending action directly to the board's offices.

FORM V
"Yes" response to Question 14-16 of the application. This form must be completed ONLY if you have ever been named in a claim or action as *any* health professional.

Submit a Form V and detailed statement for each lawsuit or settled claim you have been named in.

Also submit:

- A copy of the plaintiff's original complaint
- A copy of the disposition if the claim resulted in a suit.
- A corresponding "Form I/Surgical Assistant" completed by every carrier with whom a claim has been filed.

If the claim/suit is still pending, have the attorney who represented you (or who is currently representing you) send a letter directly to the board regarding the allegations, defense, current status and/or outcome of the suit.

FORM I
"Yes" response to Question 14-16 of the application. This form must be completed ONLY if you have ever been named in a claim or action as *any* health professional.

Submit a Form I For each lawsuit or settled claim you have been named in.

Your liability carrier should complete the remaining portion of the form. The liability carrier may submit a claims report to accompany the Form I.

FORM W
"Yes" response to Questions 17 of the application. Use additional paper as necessary. The Texas Physician Health Program (TXPHP) is a confidential program that promotes wellness and the treatment of health conditions that may compromise the ability to practice with reasonable skill and safety. TXPHP is a resource available for all licensees who may suffer from a condition that is or could impair their ability to practice. TXPHP does not itself treat those who participate, but facilitates a participant's treatment and provides monitoring as needed. Examples of conditions that TXPHP can monitor include: substance abuse and addiction issues, mental health issues, and other medical conditions that may interrupt a licensee's practice. In addition to monitoring, TXPHP provides education, recognition, and assistance in diagnosis, treatment, and management of licensees' potentially impairing conditions. You may contact TXPHP for further information on the program by calling (512) 305-7462 or via email at info@txphp.state.tx.us. Downloadable self-report forms can be found on the TXPHP website.

You must complete a Form W. Each page must carry a signature and date.

Contact any treating physicians or other record holders and have the records sent directly to the board's offices. Additional details are available on the Form W/Surgical Assistant form itself.

TEMPORARY LICENSE AFFIDAVIT and FEE (OPTIONAL)
This form must be completed only if you desire a temporary license. The TL will not be issued until after ALL other licensing requirements are met. A TL does not have a license number.

APPLICATION
FOR SURGICAL ASSISTANT LICENSE

Texas Medical Board
P.O. Box 2029
Austin, Texas 78768-2029

For agency use
Total due - $322.00
4431 - $315.00
4404 - $7.00 *
***** non-refundable**

NAME: Last First Middle Suffix (Jr. II, III)

CURRENT ADDRESS: (street, city, state, zip) **It is YOUR responsibility to notify the Board in writing if you have a change of address.**

TELEPHONE:
Home ( ) Work ( ) Cell ( )

E-MAIL ADDRESS:

SOCIAL SECURITY NUMBER: | **DATE OF BIRTH:** (month, day, year) | **SEX:** ☐ MALE ☐ FEMALE

ETHNIC ORIGIN: ☐ White ☐ Black ☐ Hispanic ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native

POST-SECONDARY EDUCATION:

Name and Location of School (after high school)	Dates Attended From (mo./ yr)	To (mo./ yr)	Date Graduated	Sem / Clock Hours	Type of Diploma or Degree Completed	Fields of Study
		-				
		-				
		-				

EDUCATIONAL PROGRAM:

Name & Address of Institution	Program (Surgical Assistant / Medical School / RN First Asst / Surgical PA)	Begin (mo./yr)	End (mo./ yr)
		-	
		-	
		-	

EXAMINATION: Name of Examination | Date of Examination

ABSA (American Board of Surgical Assistants)	
NBSTSA (National Board of Surgical Technology and Surgical Assisting)) **CST/CFA** Exam	
NSAA (National Surgical Assistant Association)	
Other:	

CURRENT NATIONAL BOARD CERTIFICATION: | Date of Certification | Date of Expiration

ABSA (American Board of Surgical Assistants)		
NBSTSA (National Board of Surgical Technology and Surgical Assisting) **CST/CFA** Certification		
NSAA (National Surgical Assistant Association)		
Other:		

LICENSE, REGISTRATION OR CERTIFICATION IN ANOTHER STATE: (as *any* health care professional)	Number	Year	Current Yes	Current No

AN APPLICANT WHO PROVIDES A FALSE RESPONSE TO ANY OF THESE QUESTIONS IS SUBJECT TO DENIAL OF LICENSURE AND BEING REPORTED TO THE APPROPRIATE DATA BANKS.

1. Have you ever been arrested? ____Yes ____No
2. Have you ever been cited or ticketed for, or charged with any violation of the law? (Unless the offense involved alcohol or drugs, you may exclude: 1) traffic tickets; and, 2) violations with fines of $250 or less.) ____Yes ____No
3. Are you currently the subject of a grand jury or criminal investigation? ____Yes ____No
4. Have you ever been convicted of an offense, placed on probation, or granted deferred adjudication or any other type of pretrial diversion? (Unless the offense involved alcohol or drugs, you may exclude: 1) traffic tickets; and, 2) violations with fines of $250 or less.) ____Yes ____No
5. Including the incidents above, have you ever been convicted of, or received deferred adjudication for, a felony, a Class A or Class B misdemeanor for:
   (a) a violation relating to Medicare, Medicaid or insurance fraud? ____Yes ____No
   (b) a violation of the Texas Controlled Substance Act or intoxication or alcoholic beverage offense? ____Yes ____No
   (c) a violation relating to sexual or assaultive offense? ____Yes ____No
   (d) a violation relating to tax fraud or evasion? ____Yes ____No

If you answer "Yes" to any of the above questions you must submit a <u>Form R</u> and all documents relevant to each incident along with your application.

6. Have you ever withdrawn an application for a professional license, permit or certification as a healthcare professional, or have you been determined ineligible for a professional license, permit or certification as a healthcare professional? ____Yes ____No
7. Have you ever had limitations placed on a professional license, been disciplined, or allowed to resign or voluntarily surrender your license in lieu of action by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? (This would include, but is not limited to, informal or confidential orders; consent orders; agreed orders; letters of warning; letters of education; or letters of concern.) ____Yes ____No
8. Have you ever been the subject of an investigation based on any complaints, inquiries, grievances, formal or informal charges filed (regardless of the outcome) or are there any pending with or by any state, province, territory, US federal jurisdiction, country? ____Yes ____No
9. Are there now pending any investigations, complaints, inquiries, grievances or formal or informal charges with or by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? ____Yes ____No
10. Have you ever had restrictions placed on, been denied, or required to surrender a federal or state controlled substance permit? ____Yes ____No

If you answer "Yes" to any of the above questions you must submit a <u>Form S</u> and all documents relevant to each incident along with your application.

For this section, an "academic program" is defined to include any of the following: undergraduate education; professional education such as medical, PA, acupuncture school, or other professional education required for licensure; or post-graduate education.

11. Has an academic program, health care entity or professional organization ever taken against you, through either oral or written communication, any of the following public or private actions:
    - limitation, reduction, suspension, revocation or denial of privileges? ____Yes ____No
    - warning, censure, reprimand, or formal admonishment? ____Yes ____No
    - additional limitations or requirements placed on you based on your clinical performance, academic performance, discipline, or for any other reason? ____Yes ____No
    - placement on academic or disciplinary probation? ____Yes ____No
    - request of termination, withdrawal or resignation? ____Yes ____No
    - acceptance of voluntary resignation in lieu of further investigations or other action? ____Yes ____No

12. Are any such actions listed in question 11 pending? ____Yes ____No

13. Are you currently under investigation by any academic program, health care entity or professional organization? ____Yes ____No

If you answer "Yes" to any of the above questions you must submit a Form U and all documents relevant to each incident along with your application.

14. Has a complaint ever been filed against you in a court (i.e., a lawsuit) seeking damages relating to your conduct in providing or failing to provide a medical or health care service? ____Yes ____No

15. Has there been: (a) a settlement of a claim without the filing of a lawsuit, or (b) a settlement of a lawsuit made by you or on your behalf involving damages relating to your conduct in providing or failing to provide a medical or health care service? ____Yes ____No

16. While serving in the U.S. military or the Public Health Service, or while employed, contracted or privileged by a federal facility was a complaint filed in court (i.e., a lawsuit) seeking damages relating to your conduct in providing or failing to provide a medical or health care service? ____Yes ____No

If you answer "Yes" to either of the above questions you must submit a Form V and all documents relevant to each incident along with your application and have your Insurance carrier complete Form I.

17. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? ____Yes ____No

The Texas Physician Health Program (TXPHP) is a confidential program that promotes wellness and the treatment of health conditions that may compromise the ability to practice with reasonable skill and safety. TXPHP is a resource available for all licensees who may suffer from a condition that is or could impair their ability to practice.

TXPHP does not itself treat those who participate, but facilitates a participant's treatment and provides monitoring as needed. Examples of conditions that TXPHP can monitor include: substance abuse and addiction issues, mental health issues, and other medical conditions that may interrupt a licensee's practice. In addition to monitoring, TXPHP provides education, recognition, and assistance in diagnosis, treatment, and management of licensees' potentially impairing conditions.

You may contact TXPHP for further information on the program by calling (512) 305-7462 or via email at info@txphp.state.tx.us. Downloadable self-report forms can be found on the TXPHP website.

If you answer "Yes" to the above question you must submit a Form W and all documents relevant to each event along with your application.

APPLICANT'S OATH

I, _____, do hereby certify, under oath, that I am the person named in this Application for a Surgical Assistant License in the State of Texas; that all statements I have made in the Application for License, are true, correct and complete, to the best of my knowledge; that all documents, forms, credentials, and any other material furnished to the Texas Medical Board (Board) in relation to my application are true, correct, and complete, to the best of my knowledge.

I will provide updated information to the Board, which shall be received by the Board within 15 days after I become aware of the fact that any response made on my application, although complete and correct when made, is no longer complete or correct.

In addition, I understand that a false or misleading statement determined to be fraudulent or deceptive shall result in the denial of a surgical assistant license in accordance with Sections 206.301-.302 of the Texas Occupations Code.

I further state that by filing this Application for a Surgical Assistant License in the State of Texas, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to practice as a surgical assistant. I agree to give any further information, which may be required, including but not limited to information requested on this application.

Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business or professional associates (past, present and future) and all governmental agencies (local, state, federal, or foreign) to release to the Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application; necessary to determine my professional competence, professional conduct, or physical and or mental ability to safely engage in providing health care services. I further authorize the Board or its successors to release to the organizations, individuals, or groups listed above any information, which is material to this application, or any subsequent licensure.

_____

Signature of Applicant

_____

Date