

Application Packet for Non-Profit Health Organization (NPHO)

Statute requires that the Board shall certify certain health organizations that meet requirements outlined in Texas Occupations Code Sec. §162.001(b)

INSTRUCTIONS:

The application packet submitted to the Texas Medical Board (TMB) must include the following:

- Completed and notarized Application for Initial Certification
- Director Statements
- Required Supplemental Documentation
- Check or Money Order for \$2500 stapled to the *Invoice for Nonprofit Health Organization Initial Application Fee*
- Contact Information Sheet

A checklist has been provided to assist you in gathering the required supplemental documents. Applications are processed in accordance with Texas Occupations Code Chapter 162 and Texas Administrative Code Rule §174.2.

The application must be reviewed by the individual authorized by the organization's bylaws to act as the Chief Executive Officer. Please note that the CEO need not be a physician.

Required supplemental documentation:

- Copy of the Certificate of Incorporation from the Texas Secretary of State. For instructions on obtaining copies of the Certificate of Incorporation for your Nonprofit Corporation go to the Secretary of State's website at <http://www.sos.state.tx.us>.
- Copy of the Articles of Incorporation
- Copy of the Bylaws
- Index of the Bylaws referencing TMB Rules
 - The index should give the page numbers for each section of the rules that is covered in the bylaws.

Director Statement:

- Make as many copies of the Director's Statement form as needed. A Director's Statement must be completed by each active director. The director's statement must be signed and dated.
- Financial relationships between a Director and any of the following must be indicated:
 - the nonprofit organization
 - the member
 - any supplier
 - other Directors
- Financial relationships include services, benefits, etc. that are **rendered** as well as those that are received. Amounts of compensation are **not** requested. However, if "No Financial Relationships" is selected, and TMB discovers that financial relationships do exist, the Director may be subject to disciplinary action by TMB.

TMB Contact Information:

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

(Physical)
Texas Medical Board
1801 Congress Ave, Ste 9-200
Austin, Texas 78701

CHECKLIST/WORKLIST FOR INITIAL 162.001(b) NON-PROFIT CERTIFICATION

Qualifications for Certification:

- Formed solely by persons licensed by the TMB
- Non-profit corporation under the Texas Non-profit Corporation Act
- Board of Directors consists solely of persons licensed by the TMB, actively engaged in the practice of medicine
- Organization is not established or organized or operated in contravention to or with the intent to circumvent any of the provisions of the Act

Completed Application, Documents, and Fee

- Initial Identification Statement/Compliance Statement
- Initial Document Statement/Document Compliance Statement
- Copy of Certificate of Incorporation
- Copy of Bylaws
- Initial Fee of \$2,500

Director Statements

- Initial Directors' Statements signed and verified by each current Director
- Licensed by the TMB
- Actively engaged in the practice of medicine
- Director will exercise independent judgment
- Health Organization to comply with all relevant provisions of the Act and the Rules
- Director will report violation to TMB
- Director must report financial relationships

Articles of Incorporation

- Organized for any or all purposes (i through v)
- Initial Board of Directors selected consistent with organization's mission

Bylaws

- Sole authority to physicians to engage in the practice of medicine
- Director must report violation to TMB
- Director must report financial relationships (or "NONE")
- Termination of physician employees

Special Requirements - If a Member is not a practicing physician or an entity or organization is not wholly owned and controlled by physicians, Bylaws must include:

- All credentialing, quality assurance, utilization review and peer review policies shall be made exclusively by the Board of Directors
- A majority of the Board of Directors is required to appoint or elect a new Director by a Member unless required by law
- A majority of the Board of Directors is required to amend the bylaws of the Health Organization unless required by law
- Requirements in Tex. Occ. Code Chapter 162, Subchapter A, may not be voided or waived by contract, but member of health organization may establish ethical and with religious directives and a physician may contractually agree to comply with those directives



TEXAS MEDICAL BOARD

Invoice for Nonprofit Health Organization Initial Application Fee

Complete this form and attach a Cashier's Check or Money Order made payable to the Texas Medical Board for **\$2500.00**.

Attach the Cashier's Check or Money Order to this Invoice and mail it to the address listed below to ensure accurate and efficient processing.

Regular Mail:

Texas Medical Board
Attn: Licensure Department
PO Box 2029
Austin TX 78768-2029

Overnight Mail:

Texas Medical Board
Attn: Licensure Department
1801 Congress Ave, Suite 9-200
Austin, TX 78701

Date: _____

Business, Management Company, or Registered Agent Paying on Behalf Of NPHO:

Nonprofit Health Organization Name:

Agency Use Only

4460
Revenue Code

Date Received

**APPLICATION FOR INITIAL CERTIFICATION:
CERTIFIED 162.001(b) NONPROFIT HEALTH ORGANIZATION**

On behalf of _____ I hereby request certification of:
(name of organization)

(name of Nonprofit Health Organization)

(street address, city, state, zip code)

as a non-profit health organization pursuant the Medical Practice Act of Texas, Texas Occupations Code Section 162.001(b) (the "Act"), and Chapter 174 of the Rules of the Texas Medical Board (the "TMB rules"). By my signature at the end of this Application for Original Certification, Initial Identification/Compliance Statement, Initial Document/Compliance Statement, I certify that 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 for Original Certification, Initial Identification/Compliance Statement, Initial Document/Compliance Statement has been personally reviewed by me for accuracy, and this information is true and correct.

I. IDENTIFICATION STATEMENT/COMPLIANCE STATEMENT

On behalf of _____ *(name of organization)*, a Texas non-profit corporation, I hereby make this Initial Identification Statement/Compliance Statement pursuant to the Act, and Chapter 174 of the TMB rules. I hereby certify that (i) I am the _____ *(title)* of

_____ *(name of organization)*, (ii) I am the officer of _____ *(name of organization)*

authorized in the bylaws to act as the chief executive officer, (iii) the documentation submitted to your office in support of this statement has been personally reviewed by me for accuracy, and (iv) the below listed names and mailing addresses are current, and I further verify that such information is true and correct and that

_____ *(name of organization)* is in compliance with the requirements for certification and continued certification as required by the Act and the TMB rules.

1. NON-PROFIT CORPORATION:

NAME

ADDRESS

2. MEMBERS:

NAME

ADDRESS

3. DIRECTORS:

LICENSE #

NAME

ADDRESS

4. OFFICERS:

<u>NAME</u>	<u>OFFICE TITLE</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. DOCUMENT STATEMENT/DOCUMENT COMPLIANCE STATEMENT

On behalf of _____ (*name of organization*), a Texas non-profit corporation, I hereby make this Initial Document Statement/Document Compliance Statement pursuant to the Medical Practice Act of Texas, Texas Occupations Code, Section 162.001 (b) (the “Act”), and Chapter 174 of the Rules of the Texas Medical Board (the “TMB Rules”). I hereby certify that (i) I am the _____ (*title*) of _____ (*name of organization*); (ii) I am the officer authorized in the bylaws to act as the chief executive officer; (iii) the documentation submitted to your office in support of this statement has been personally reviewed by me for accuracy; and (iv) **the current certificate of incorporation, articles of incorporation and by-laws of the corporation, including amendments, are attached.** I further verify that such information is true and correct and that _____ (*name of organization*) is in compliance with the requirements for certification as required by the Act and the TMB rules.

III. DIRECTORS' STATEMENTS

Signed statements of each of the current Directors of this Nonprofit Health Organization are attached hereto and are in compliance with the requirements for certification and continued certification as required by Texas Occupations Code, Section 162.001(b), and Chapter 174 of the Rules of the Texas Medical Board.

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 174 of the TMB rules, as follows:

1. My name is _____. I am licensed under the Medical Practice Act, 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. The term "full-time basis," for purposes of this section, shall mean at least 20 hours per week for 40 weeks duration during a given year.

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 Actor 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

Nonprofit Application Contact Sheet

Please provide name(s) and contact information for all individuals that can be contacted by Board staff with questions about the application. Correspondence such as the approval notification will also be emailed to the contact(s) provided.

Name of Contact:

- 1.
- 2.
- 3.

Email Address:

- 1.
- 2.
- 3.

Phone Number: