

FACSIMILE ONLY – DO NOT USE TO APPLY.  
APPLY ONLINE AT WWW.TMB.STATE.TX.US.

**Texas Medical Board**  
**PIT Online Application Facsimile**  
**Applicant:**

**WELCOME**

**Welcome to the TMB Physician in Training (PIT) Permit Application**

**In order to apply online, you must have:**

- Your TMB personal ID#, which can only be obtained and given to the applicant by the Graduate Medical Education office, Residency Program or Director of Medical Education, and
- Your ACGME, AOA, or TMB Program ID# as provided by your Graduate Medical Education office, Program Director or Director of Medical Education, and
- If your residency program will be paying your application fee, you will also need their third party identification number. Note: If the permit is for an out of state resident completing rotations in Texas, use the out of state Program ID#, not the one of the Texas rotation site.

Applying for a permit online is convenient and easy, requiring only a few simple steps:

- Select your license type:
  - Initial PIT Permit - select only if this is your first application for a PIT permit in Texas (unless you are a rotator) or if you previously held a PIT permit and the permit expired or was terminated.
  - Rotator PIT Permit - select only if you are a visiting resident from a program in another state. Rotator permits are limited to the dates of the rotation in Texas; however, you can reapply online for a different rotation later, if needed.
  - Institution Change PIT Permit - select only if you have a current PIT permit and are now transferring to a new institution for a new residency program. You do not need this permit if you are changing departments within the same institution. Your program just needs to inform TMB of the change.
- Enter all requested information. The application must be completed and all information entered by the applicant and no other party.
- Review the information you entered and modify, if necessary.
- Pay the **non-refundable** permit fee using one of the following:
  - MasterCard,
  - Visa,
  - Discover,
  - American Express,
  - Electronic Check, or
  - Third Party Pay

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- View and print the receipt. No other receipt will be mailed to you. If your institution might reimburse you for the fee, we suggest you print a copy of this receipt.

**Read the Guidelines to continue.**

## **GUIDELINES**

- In order for your residency program to pay your application fee, they must register with the TMB for bulk payment processing. Your program will receive a third party identification number, which they should make available to you if they wish to pay your application fee. On the payment page of this online application, select “Pay by Third Party Payment.” Enter the third party identification number you were given in the “Third Party ID” field. **Note: This number should not be confused with the TMB personal identification number, or your ACGME, AOA, or TMB Program Identification number.** Be sure to enter a valid email address. You will receive an email if the application fee has not been paid within seven days. Your application will not be submitted to the Texas Medical Board until the fee has been paid. Entering an incorrect third party identification number will mean that your program, or other third party payor, is prevented from paying for your application, and you will have to submit a new application with the correct third party identification number or choose another form of payment.
- Depending on your answer, some of the questions on the application will require you to download a supplemental form and submit it, along with any third party documentation requested. Your application will not be complete until all supplemental information is received.
- There is no "save" feature for this application. It will have to be completed and paid for in one sitting. Should you need to stop, be aware that you will have to start over from the beginning. We suggest you print each page as soon as you complete it. This will give you a reference should you need to start over, and give you a complete print copy once you finish your online application.

**Select ‘Continue’ to get started.**

## **IDENTIFICATION**

**You are applying for the Initial PIT Permit**

- Did you enter the correct license type? In order to ensure accurate and efficient processing of your permit application, you must have selected the appropriate license type.
  - Initial PIT Permit – select only if this is your first application for a PIT permit in Texas (unless you are a rotator) or if you previously held a PIT permit and the permit expired or was terminated. .

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- Rotator PIT Permit – select only if you are a visiting resident from a program in another state. Rotator permits are limited to the dates of the rotation in Texas; however, you can reapply online for a different rotation later, if needed.
- Institution Change PIT Permit – select only if you have a current PIT permit and are now transferring to a new institution for a new residency program. You do not need this permit if you are changing departments within the same institution. Your program just needs to inform TMB of the change.

If you did select the wrong type, close this application and enter again, selecting the correct license type.

Thank you for your interest in applying for a Physician in Training (PIT) Permit with the Texas Medical Board. As you complete your application for online submission, the Board wants to make you aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Texas Medical Board is to protect and enhance the public's safety, health and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education. One way the Board protects the public is by issuing physician in training permits to fully qualified, competent and ethical applicants.

**During the licensing process the Board will ask whether you have ever been investigated by any state, arrested, charged, convicted or pled guilty to a crime.** An arrest, subsequent criminal conviction, placement on deferred adjudication/prosecution, or disciplinary action is not an automatic disqualification from licensure. Instead, the Board will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. **One thing you must do to obtain the privilege is to be completely honest on your licensure application.**

Be sure to list all relevant complaints, disciplinary actions, charges, or convictions in response to the licensure questions. **Failure to disclose such events could constitute grounds alone for imposition of fines or placement of limitations on your PIT, or even the denial of your application, or revocation of your PIT.** Avoid some of the common excuses the Board has heard from people who fail to disclose, such as:

- My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- I didn't think the prior conduct had anything to do with the profession.
- I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

**Remember, there is no excuse not to disclose relevant complaints, disciplinary actions, charges, or convictions.** Even after issuance of a physician in training permit, you are still

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required to report to the Board about subsequent convictions and disciplinary actions in other states, as they must be reported on your physician profile.

**The Board queries several criminal and national disciplinary databases.** This allows the Board to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial issuance of a permit. Keep in mind, you will not necessarily be denied a permit or be subject to an action if you have been disciplined, arrested, charged or convicted, but action will most likely be taken on your application or permit if you fail to disclose it.

**Full Disclosure:** It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. If you are unsure of your response to a particular question, answer “Yes” and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. An honest “Yes” answer to a question on your application is not definitive as to the Board’s assessment of your present professional character and fitness, but a dishonest “No” answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of a permit and reported to the appropriate data banks.

You must enter your full legal name, as you wish it to appear on your permit. Your name on this application must also match the name submitted by your Director of Medical Education to ensure timely processing of your application.	
Full Name as you wish it to appear on your receipt. (required)	
Applicant First Name (required)	
Applicant Middle Name	
Applicant Last Name (required)	
Suffix (JR, SR, II, III, IV, V)	
Degree Awarded (required) (MD, DO)	
Use this <a href="#">school code</a> list to locate the code for your medical school. Copy your code from the list and paste it into your application below. If you are unable to locate your code, please use the code for an unassigned school, and be aware that this will delay the processing of your application.	
Medical School Code (required)	
Date Degree was Awarded (YYYY) (required)	

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Alternate Names	
Date of Birth (MM/DD/YYYY) (required)	
Please provide if a number has been issued. U.S. Social Security Number (###-##-#### or #####)	
Required for international medical school graduates.	
ECFMG Certification Number	
Email Address (xx@xx.xxx) Note: If you do not provide an email address, your initial information will be sent to the mailing address submitted with this application.	
Gender (required)	
Race (required) White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, Other	
Are you of Hispanic Origin? (Yes/No)	
Country of Birth (required)	
If you were born in the United States, please select your state of birth.	
US State of Birth	
The TMB personal ID Number is the number provided by your Director of Medical Education (DME). Please verify that this number is entered correctly. An incorrect entry will delay your application.	
TMB personal ID Number (required)	
The program number is provided by your Graduate Medical Education Office, Program Director, or Director of Medical Education. Please verify that this number is entered correctly. An incorrect entry will delay your application.	
ACGME, AOA, or TMB Program ID Number (###-##-##-###) or (###-##-##-##) (required)	

**Address Information Section**

Please provide your mailing address and **daytime** U.S. phone number. **It is your responsibility to notify the Board in writing if you have a change or address. Note:** You may only enter 1 mailing address at a time.

Address Type (required)	
Street 1 (required)	
Street 2	
City (required)	
State	
Postal/ZIP Code (required)	
Province	

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Country (required)	
Telephone Number (###-###-####)	
<b>Training and Work History</b>	
<ul style="list-style-type: none"> <li>○ List all U.S. or Canadian post-graduate training since graduation from medical school.</li> <li>○ List all professional affiliations for the past 5 years. Include hospitals, clinics, military assignments, government agencies, and locum tenens assignments, if different than post-graduate training.</li> <li>○ List all periods of unemployment or employment outside the field of medicine since graduation from medical school. For periods of unemployment, use your home address.</li> <li>○ The application allows 20 entries. If you need more than that, submit additional items in writing to the Board. Include all information requested here.</li> <li>○ To indicate a current position, enter today's date as an end date.</li> <li>○ You must send Form L to each facility listed, including training programs and professional affiliations. Your application cannot be considered complete until all third party documentation is received and evaluated.</li> <li>○ If a listed facility is no longer operating, please submit Form Q</li> </ul>	
Position (required)	
Department (required)	
Start Date (MM/YYYY)(required)	
End Date (MM/YYYY)(required)	
Facility/Employer Name (required)	
Facility/Employer Street (required)	
Facility/Employer City (required)	
Facility/Employer State	
Facility/Employer ZIP/Postal Code (required)	
Facility/Employer Province	
Facility/Employer Country (required)	
Facility/Employer Phone Number (###-###-####)	

## Questions

### Professional History

**Full Disclosure:** It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "Yes" answer to a question on your application is not definitive as to the Board's assessment of your present moral character and fitness, but a dishonest "No" answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks.

All supplemental forms listed can be found on the [Additional Forms](#) section of our website.

Question 1 (required) (Yes, No)  Have you ever had (or applied for) a license, permit or certification as a healthcare professional in any state, province, territory, U.S. federal jurisdiction, or country?	
Question 2 (required) (Yes, No)  Have you ever participated in or been enrolled in, or are you now participating in or enrolled in, any U.S. or Canadian internships, residencies or fellowships? If you answer "Yes" please submit a copy of each of your training certificates by fax or mail to the TMB. If a certificate is not available, request the program director at the program to fax or mail a <a href="#">Form L</a> to the TMB. See the <a href="#">FAQ page</a> for contact information.	

### Arrest / Criminal History

Please answer the questions in this section with regard to any action take by any state, province, territory, U.S. federal jurisdiction, or country. If you answer "Yes" to any question in this section, you are required to submit Form R.

Before you answer "No" to any of the following questions, read the following information carefully:

The Board will run queries with the Texas Department of Public Safety (and the FBI for physician applicants) to verify your criminal history. Both entities maintain records, often beyond the time that courts keep them. Please be aware that if you have ever been arrested, charged, or convicted of a misdemeanor or a felony, the record of those events will be reported as a result of the fingerprint inquiry.

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Serious traffic offenses such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked **MUST** be reported. This list is not all-inclusive. If in doubt as to whether an offense should be disclosed, it is better to disclose the offense on the application.

**Matters in which you were diverted, deferred, pardoned, or pled nolo contendere MUST be disclosed.**

If you believe your offense was **sealed or expunged**, you **must** read the instructions on Form R before you answer "No" to ensure your full and honest disclosure.

If you are in doubt as to how to respond to the questions, full and honest disclosure is highly recommended.

Question 3 (required) (Yes, No)  Have you ever been arrested? If you answer "Yes" to this question, you are required to submit Form R.	
Question 4 (required) (Yes, No)  Have you ever been cited or ticketed for, or charged with any violation of the law? (You may exclude minor traffic violations with fines of \$250 or less. You must report any offenses involving alcohol or drugs.) If you answer "Yes" to this question, you are required to submit Form R.	
Question 5 (required) (Yes, No)  Are you currently the subject of a grand jury or criminal investigation? If you answer "Yes" to this question, you are required to submit Form R.	
Question 6 (required) (Yes, No)  Have you ever been convicted of an offense, placed on probation, or granted deferred adjudication or any other type of pretrial diversion? (You may exclude minor traffic violations with fines of \$250 or less. You must report any offenses involving alcohol or drugs.) If you answer "Yes" to this question, you are required to submit Form R.	

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<p>Including the incidents you reported in Questions 3 – 6 above, have you been convicted of, or received deferred adjudication for, a felony, a Class A or Class B misdemeanor for a violation relating to:</p> <p>(required – see Tex. Occ. Code, Sec. 156.001(e)). If you answer “Yes”, submit Form R.</p>	
<p>Question 7a (required) (Yes, No)</p> <p>Medicare, Medicaid or insurance fraud?</p>	
<p>Question 7b (required) (Yes, No)</p> <p>the Texas Controlled Substances Act or intoxication or alcoholic beverage offenses?</p>	
<p>Question 7c (required) (Yes, No)</p> <p>sexual or assaultive offenses?</p>	
<p>Question 7d (required) (Yes, No)</p> <p>tax fraud or evasion?</p>	
<p><b>Actions by Professional Licensing Entities</b></p> <p>If you answer “Yes” to any question in this section, you are required to submit Form S.</p>	
<p>Question 8 (required) (Yes, No)</p> <p>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? If you answer “Yes” to this question, you are required to submit Form S.</p>	
<p>Question 9 (required) (Yes, No)</p> <p>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, <b>but is not limited to</b>, informal or confidential orders; consent orders; agreed orders; letters of warning; letters of education; or letters of concern.) If you answer “Yes” to this question, you are required to submit Form S.</p>	
<p>Question 10 (required) (Yes, No)</p> <p>Have you <b>ever</b> been the subject of an investigation based on any complaints, inquiries, grievances, or formal or informal charges filed</p>	

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(regardless of the outcome) with or by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? If you answer "Yes" to this question, you are required to submit Form R.	
Question 11 (required) (Yes, No)  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? If you answer "Yes" to this question, you are required to submit Form S.	
Question 12 (required) (Yes, No)  Have you ever had restrictions placed on, been denied, or been required to surrender a federal or state controlled substance permit? If you answer "Yes" to this question, you are required to submit Form S.	

**Actions and Investigations in Training or During Employment**

If you answer "Yes" to any question in this section, you are required to submit Form U. If you believe that any action or investigation was minor or not reportable, you **must** read the instruction on Form U before you answer "No" to ensure your full and honest disclosure.

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:

Question 13a (required) (Yes, No)  limitation, reduction, suspension, revocation or denial of privileges? If you answer "Yes" to this question, you are required to submit Form U.	
Question 13b (required) (Yes, No)  warning, censure, reprimand, or formal admonishment? If you answer "Yes" to this question, you are required to submit Form U.	
Question 13c (required) (Yes, No)  additional limitations or requirements placed on you based on your clinical performance, academic performance, discipline, or for any other reason? If you answer "Yes" to this question, you are required to submit Form U.	
Question 13d (required) (Yes, No)  placement on academic or disciplinary probation? If you answer "Yes" to this question, you are required to submit Form U.	
Question 13e (required) (Yes, No)	

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request of termination, withdrawal or resignation? If you answer "Yes" to this question, you are required to submit Form U.	
Question 13f (required) (Yes, No)  acceptance of voluntary resignation in lieu of further investigations or other action? If you answer "Yes" to this question, you are required to submit Form U.	
Question 14 (required) (Yes, No)  Are any such actions listed in Questions 13a through 13f pending? If you answer "Yes" to this question, you are required to submit Form U.	
Question 15 (required) (Yes, No)  Are you currently under investigation by any academic program, health care entity or professional organization? If you answer "Yes" to this question, you are required to submit Form U.	

**Malpractice History**

If you answer "Yes" to any questions in this section, you are required to submit Form V.

Question 16 (required) (Yes, No)  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? If you answer "Yes" to this question, you are required to have Form I completed by every malpractice carrier who has insured you and you are required to submit Form V.	
Question 17 (required) (Yes, No)  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? If you answer "Yes" to this question, you are required to have Form I completed by every malpractice carrier who has insured you and you are required to submit Form V.	
Question 18 (required) (Yes, No)  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	

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care service? If you answer "Yes" to this question, you are required to have Form I completed for each complaint and you are required to submit Form V.	
If you answered Yes to Question 16, 17, or 18 above, what is the total number of cases?  Enter the number here:	

**Mental and Physical Health**

If you answer "Yes" to any of the following questions, you are required to submit Form W.

<p>Question 19a (required) (Yes, No)</p> <p>Within the past five (5) years, have you abused or have you been addicted to alcohol or drugs or have you been treated for alcohol or other substance abuse or dependency? If you answer "Yes" to this question, you are required to submit Form W.</p>	
<p>Question 19b (required) (Yes, No)</p> <p>Within the past five (5) years, have you been diagnosed with or treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, personality disorder, or any other mental condition which impaired your behavior, judgment, or ability to function in school, work or other important life activities? If you answer "Yes" to this question, you are required to submit Form W.</p>	
<p>Question 19c (required) (Yes, No)</p> <p>Within the past five (5) years, have you had, or do you currently have, any physical or neurological condition, including any disease or condition generally regarded as chronic by the medical community, which impaired or does impair your behavior, judgment, or ability to function in school, work or other important life activities? If you answer "Yes" to this question, you are required to submit Form W.</p>	
<p>Question 19d (required) (Yes, No)</p> <p>Within the past five (5) years, have you been diagnosed with or treated for pedophilia, exhibitionism, voyeurism, frotteurism, or sexual sadism? If you answer "Yes" to this question, you are required to submit Form W.</p>	
<p>Question 20 (Yes, No)</p> <p>If you answered "Yes" to the Questions 19a or 19b, are the limitations caused by your mental condition or substance abuse/dependency problem reduced or ameliorated because you</p>	

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receive ongoing treatment (with or without medication) or because you participate in a monitoring program? If you answer "Yes" to this question, include the details on Form W.	
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**REVIEW**

Information regarding the submission of supplemental forms and third party documentation will be provided on the Receipt page, which will appear once your payment is processed.

**Please note:**

- **Your permit fee is non-refundable**
- **Review and Confirm your Information**
- Press “Continue” to confirm your information, or press “Edit” on any section to go back and change that information.
- **Fee(s)**

**ATTESTATION**

I certify that: I am the Applicant and I have personally filled in the responses in this Application. I have read and understand all parts of this application; I am the person named in all supplemental information and credentials submitted in support of this application; all of the information contained in this application and all supplemental information and credentials submitted in support of this application are true and correct; all supplemental information and credentials submitted in support of this application are or will be procured without fraud or misrepresentation or any mistake of which I am aware; and I am the lawful holder of all supporting credentials.

I 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 Texas Medical Board, the Texas Physician Assistant Board, or to the Texas State Board of Acupuncture Examiners, or their successors, any information, files, or records (including medical records, educational records, 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, and/or physical and mental ability to safely engage in the practice of my profession. I further authorize the Texas Medical Board, the Texas Physician Assistant Board, or the Texas State Board of Acupuncture Examiners, or their successors to release to the organizations, individuals, or groups listed above any information that is material to this application, or any subsequent licensure.

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.

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**I understand that falsification or misrepresentation of any item or response on this application or any supplemental information is a sufficient basis for denying my application, revoking a permit, a determination of ineligibility, or another adverse action against my application or revoking my permit after issuance.**

Please enter up to 3 email addresses for receiving the receipt through email.

Email Address 1

Email Address 2

Email Address 3

### **Pay by Third-Party Payment**

The ‘Third Party ID’ is required to submit the application for third party payment processing. Please make sure you have the permission of the third party (e.g., company) to use their identifier for payment. The third party must pay for the transaction within 14 days of submission or it will be invalidated. The licensing agency will not receive any information about your online transaction until the third party payer submits payment for the transaction. Please contact your third party payer if you have questions about payment for your transaction.

If you wish to receive email updates concerning the processing of your transaction, then enter your contact email address in the “Email Address” field below. You will be notified when payment is received for this transaction. You will also receive an email if no payment has been received 7 days after submission.

Third Party ID

Email Address (optional)