

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

## **Text Facsimile of Online Physician Assistant and Acupuncture License, and Acudetox Specialist Certification Application**

### **Welcome**

- Welcome
- Eligibility

### **Welcome to the Physician Assistant and Acupuncture License, and Acudetox Specialist Certification**

Applying for a license or certification online is convenient and easy, requiring only a few simple steps:

- Enter all requested information.
- Review the information you entered and modify, if necessary.
- Pay the **non-refundable** license fee using one of the following:
  - MasterCard,
  - Visa,
  - Discover,
  - American Express, or
  - Electronic Check.
- View and print the receipt.

### **Do you have a current (unexpired) license issued by the Texas Board?**

If you need to renew a current license please go to [http://www.tmb.state.tx.us/professionals/online\\_regis.php](http://www.tmb.state.tx.us/professionals/online_regis.php) and select the appropriate online registration to begin that process. If your permit is expired, or you are unable to log in, please contact Board offices at (512) 305-7030 for renewal information

### **Read the Guidelines to continue.**

#### **Guidelines**

- 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.
- The following documentation must be gathered **before** proceeding with this application:
  - your Social Security number and
  - your Texas license number, if you were previously licensed in Texas.

Before proceeding with this application, visit the links below to determine your eligibility, obtain a checklist of required supplemental documentation, and view Frequently Asked

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Questions. To link to this information, please select the type of application you will be completing:

[Physician Assistants](#)

[Acupuncturists](#)

[Acudetox Specialists](#)

Processing times can vary depending on the acceptability of submitted items and the complexity of your application. Some of the factors that can increase complexity are "yes" answers to questions 3-18 of this application.

**Select 'Continue' to get started.**

## Identification

### **You are applying for the Physician Assistant License**

(You are applying for the Acupuncturist License

You are applying for the Acudetox Specialist Certification)

Thank you for your interest in applying for a license. As you complete your application for online submission, the agency and the Texas medical Board, Texas Physician Assistant Board, and the Texas State Board of Acupuncture Examiners want to make you aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the boards 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 boards protect the public is by issuing licenses to fully qualified, competent and ethical applicants.

### **During the licensing process you will be asked 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 facts surrounding the criminal conduct and disciplinary action will be reviewed 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 license, or even the denial of your application, or revocation of your license.** Avoid some of the common excuses 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 licensure, you are still required to report to the appropriate Board about subsequent convictions and disciplinary actions in other states, as they must be reported on your physician profile.

**The Boards query several criminal and national disciplinary databases.** This allows the Boards to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be denied a license or be subject to a licensure action if you have been disciplined, arrested, charged or convicted, but action will most likely be taken on your application or license 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 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 licensure and reported to the appropriate data banks.

#### **Jurisprudence Identification**

**Acudetox Specialist Applicants may skip this question; the jurisprudence examination is not required for certification as an acudetox specialist.**

For JP first and last name, provide your name as it is listed on either your current driver license, issued by a state driver license bureau in the United States, or your current passport. We will furnish this information to the testing center that administers the jurisprudence exam (JP). Your name must match exactly when you present your identification at the testing center, or you will not be allowed to take the exam.

JP First Name  
JP Last Name

Full Name as you wish it to appear on your receipt(required)

Applicant First Name(required)

Applicant Middle Name(required)

Applicant Last Name

Suffix

Junior, Senior, II, III, IV, V

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Alternate Names

Email Address (xx@xx.xxx)

U.S. Social Security Number (###-##-#### or #####)(required)

Gender (required)

Male Female

Country of Birth (required)

Drop down list of countries

If you were born in the United States, please select your state of birth.

US State of Birth

Drop down list of states

Date of Birth (MM/DD/YYYY)(required)

Race (required)

White  
Black or African American  
American Indian or Alaskan Native  
Asian  
Native Hawaiian and Other Pacific  
Islander  
Other

Are you of Hispanic Origin? (required)

Yes

No

If you are a Texas high school graduate, please select the county where your high school is located: (drop down list of counties)

**Physician Assistant Applicants Only**

All other applicants, please continue to the next section.

Use [this school code](#) list to locate the code for your PA 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.

PA School Code

Year of Graduation (YYYY)

NCCPA Certification Number

(Must be numeric. If pending, leave blank.)

Are you currently on active duty in the U.S. Military? Yes No

**Acupuncture Applicants Only**

All other applicants please continue to the next section.

Use [this school code](#) list to locate the code for your Acupuncture 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.

Acupuncture School Code

Year of Graduation (YYYY)

NCCAOM Certification Number

**Acudetox Specialist Applicants Only**

Use [this training program code](#) list to locate the code for your Auricular Acupuncture Training

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Program. 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 program, and be aware that this will delay the processing of your application.

Auricular Acupuncture Training Program Code

### Address Information Section

Please provide your current mailing address and the number at which you can be most easily reached between 8am and 5pm Central time, then submit the form. If you have a practice address, enter that information next. **It is your responsibility to notify the Board in writing if you have a change of address. Note:** You may only enter 1 mailing address and 1 practice address at this time.

### Address Information Section

Address Type (required)                      Mailing or Practice

Street 1(required)

Street 2

City (required)

State

Postal/ZIP Code (required)

Province

Country (required)

Telephone Number (###-###-####)

### Work Experience

**(Acudetox applicants may skip to the next section.)**

Physician Assistant and Acupuncturist Applicants:

- Please account for all periods of work from the time you graduated from Physician Assistant or Acupuncture school to the present date.
- If you have ever been a member of the medical staff of a licensed hospital, nursing home, clinic, health maintenance organization, or other hospital care facility with an organized medical staff as a physician assistant, you will need to enter this information.
- For Physician Assistants, the Facility/Employer Name field should include the name of your Supervising Physician.
- Include all periods of unemployment or employment outside the field of medicine. For periods of unemployment, use your home address.
- To indicate a current position, enter today's date as an end date.

## Work Experience

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.**

### Professional History

Question 1 (required)

Have you ever been issued a Texas Physician Assistant License, Acupuncture License, or Acudetox Certification?

Yes

No

Question 2

List all states in which you have applied for or have been granted licensure or certification as any type of healthcare provider. Use [this list](#) to locate the type of license held. Copy the license type from the list and paste into your application below. If you are unable to locate your license type,

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please use "unassigned", and be aware that this will delay the processing of your application.  
Use [Form AA](#) if you have more than five licenses.

Type of License

State

Type of License

State

Type of License

State

Type of License

State

Type of License

State

### **Arrest/Criminal History**

Please answer the questions in this section with regard to any action taken 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 Boards 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 most courts keep such records that often have limited retention periods. Please be aware that if you ever have 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.

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)

Have you ever been arrested? If you answer "Yes" to this question, you are required to submit [Form R](#).

Yes

No

Question 4 (required)

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.) If you answer "Yes" to this question, you are required to submit Form R. If you answer "Yes" to this question, you are required to submit [Form R](#).

Yes

No

Question 5 (required)

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](#).

Yes

No

Question 6 (required)

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.) If you answer "Yes" to this question, you are required to submit Form R. If you answer "Yes" to this question, you are required to submit [Form R](#).

Yes

No

Acudetox Specialist Applicants Only

All other Applicants, skip to Question 8.

Question 7

Select the Texas license, Registration, or Certification Held

Social Worker
Professional counselor
Psychologist
Chemical Dependency Counselor
Licensed Vocational Nurse
Registered Nurse

**Actions by Professional Licensing Entities**

If you answer "Yes" to any question in this section, you are required to submit [Form S](#).

Question 8 (required)

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](#).

Yes

No

Question 9 (required)

Have there 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 or warning; letters of education; or letters of concern.) If you answer "Yes" to this question, you are required to submit [Form S](#).

Yes

No



Question 10 (required)

Have you **ever** been the subject of an investigation based on any complaints, inquiries, grievances, or formal or informal charges filed (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 S](#).

Yes

No

Question 11 (required)

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](#).

Yes

No

Question 12 (required)

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](#).

Yes

No

**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)

limitation, reduction, suspension, revocation or denial of privileges? If you answer "Yes" to this question, you are required to submit [Form U](#).

Yes

No

Question 13b (required)

warning, censure, reprimand, or formal admonishment? If you answer "Yes" to this question, you are required to submit [Form U](#).

Yes

No

Question 13c (required)

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](#).

Yes

No

Question 13d (required)

placement on academic or disciplinary probation? If you answer "Yes" to this question, you are required to submit [Form U](#).

Yes

No

Question 13e (required)

request of termination, withdrawal or resignation? If you answer "Yes" to this question, you are required to submit [Form U](#).

Yes

No

Question 13f (required)

acceptance of voluntary resignation in lieu of further investigations or other action? If you

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answer "Yes" to this question, you are required to submit [Form U](#).

Yes No

Question 14 (required)

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](#).

Yes No

Question 15 (required)

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](#).

Yes No

### Malpractice History

If you answer "Yes" to any questions in this section, you are required to submit [Form V](#).

Question 16 (required)

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.

Yes No

Question 17 (required)

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.

Yes No

Question 18 (required)

While serving in the U.S. military or the Public Health Service, or while employed, contracted or privileged by a federal facility (a) 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? 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.

Yes No

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](#).

Question 19a (required)

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](#).

Yes No

Question 19b (required)

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

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mood disorder, major depression, personality disorder, or any other 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](#).

Yes

No

Question 19c (required)

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](#).

Yes

No

Question 19d (required)

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](#).

Yes

No

Question 20

If you answered "Yes" to questions 19(a) or 19(b) above, are the limitations caused by your mental condition or substance abuse/dependency problem reduced or ameliorated because you 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](#).

Yes

No

**Acudetox Specialist Applicants Only**

All other applicants, please continue to the next page.

Select the Texas License, Registration, or Certification Held

**Instructions**

Please review your information carefully and edit any sections that need modification. Press "Continue" at the [bottom of the page](#) when you are ready to move on. You may print this page, if necessary.

**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 license or certification fee is non-refundable**

**Fee(s)**

**Attestation**

I hereby certify that: I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of a Physician Assistant certificate, Acupuncture degree, or Acudetox Specialist certificate as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. 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 Texas Medical Board, the Texas Physician Assistant Board, or the Texas State Board of Acupuncture Examiners, 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, 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 its successors to release to the organizations, individuals, or groups listed above any information, which is material to this application, or any subsequent licensure. I hereby affirm that I will provide the Board with updated information to be received by the Board within 15 days of my becoming aware of any event that occurs after submission of my application that renders any response, although complete and correct when made, no longer complete or correct. Further, failure to provide updates may result in an adverse action against my application.

**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 license, a determination of ineligibility, or another adverse action against my application or revoking my license after issuance.**

Yes	No
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Confirm the total amount due and choose a payment method from the form(s) below. Scroll down to view all available options.

**Payment Amount**

Total amount due:

**Pay by Credit Card**

Billing Name

Billing Address

Billing City

Billing State

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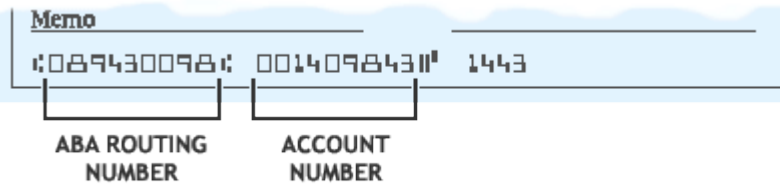
Billing ZIP Code

Card Type

Credit Card Number

Expiration Month

### Pay by Electronic Check



Type of Account

ABA Routing Number

Checking or Savings Account Number

Sample Only - Apply Online