

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 Form L to the TMB. See the FAQ page for contact information.	

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 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.

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.	

Question 7 (required) (Yes, No)	
<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 style="padding-left: 40px;">(1) Medicare, Medicaid or insurance fraud; (2) the Texas Controlled Substances Act or intoxication or alcoholic beverage offenses; (3) sexual or assaultive offenses; or (4) tax fraud or evasion? <i>(required - see Tex. Occ. Code, Sec. 156.001(e))</i></p> <p>If "Yes," check all that apply and submit Form R.:</p> <p><input type="checkbox"/> Medicare, Medicaid or insurance fraud</p> <p><input type="checkbox"/> Texas Controlled Substances Act or intoxication or alcoholic beverage offense</p> <p><input type="checkbox"/> Sexual or assaultive offense</p> <p><input type="checkbox"/> Tax fraud or evasion</p> <p><input type="checkbox"/> None of the above</p>	

--	--

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) (Yes, No)	
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.	
Question 9(required) (Yes, No)	
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.)If you answer "Yes" to this question, you are required to submit Form S.	
Question 10 (required) (Yes, No)	
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.	
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)	
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 11a through 11f 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 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.

Question 19a (required) (Yes, No)	
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.	
Question 19b (required) (Yes, No)	
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.	
Question 19c (required) (Yes, No)	
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.	
Question 19d (required) (Yes, No)	
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.	
Question 20 (Yes, No)	
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 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.	