



Texas Medical Board

MAILING ADDRESS: P.O. Box 2018 • AUSTIN TX 78768-2018

PHONE: (512) 305-7010

TO: Residency Program Directors

FROM: Texas Medical Board
Customer Affairs - Physician in Training Section

IMPORTANT NOTICE

Board rule §171.6 states in part that the Director of each approved postgraduate training program shall report in writing to the Executive Director of the Board, the following events within seven days of their occurrence.

§171.6. Duties of Program Directors to Report

(a) Failure of any postgraduate training program director to comply with the provisions of this chapter or the Medical Practice Act §160.002 and §160.003 may be grounds for disciplinary action as an administrative violation against the program director.

(b) The director of each approved postgraduate training program shall report in writing to the executive director of the board the following circumstances within seven days of the director's knowledge for any physician-in-training permit holder completing postgraduate training:

(1) if a physician did not begin the training program due to failure to graduate from medical school as scheduled or for any other reason(s);

(2) if a physician has been or will be absent from the program for more than 21 consecutive days (excluding vacation, family, or military leave) and the reason(s) why;

(3) if a physician has been arrested after the permit holder begins training in the program;

(4) if a physician poses a continuing threat to the public welfare as defined under Tex. Occ. Code §151.002(a)(2), as amended;

(5) if the program has taken final action that adversely affects the physician's status or privileges in a program for a period longer than 30 days;

(6) if the program has suspended the physician from the program;

(7) if the program has requested termination or terminated the physician from the program, requested or accepted withdrawal of the physician from the program, or requested or accepted resignation of the permit holder from the program and the action is final.

(c) Annual reports. Program directors for postgraduate training programs must ensure that the board receives certain information annually in order to keep the board informed on a permit holder's progress while in the approved training program. The required information shall be sent to the board on forms provided by the board and shall include:

(1) information regarding the permit holder's criminal and disciplinary history, professional character, mailing address, and place where engaged in training since the program director's last report;

(2) certification by the permit holder's program director, on a form provided by the board, regarding the permit holder's training; and

(3) such other information or documentation the board and/or the executive director deem necessary to ensure compliance with this chapter, the Medical Practice Act and board rules.

(d) A violation of §§164.051-164.053 or any other provision of the Medical Practice Act is grounds for disciplinary action by the Board.

Source Note: The provisions of this §171.6 adopted to be effective November 7, 2004, 29 TexReg 10107; amended to be effective June 29, 2006, 31 TexReg 5100.

If you have any questions regarding this reporting form, please feel free to contact our office. You can contact the Customer Information Center at (512) 305 7030, or by e-mail at pits@tmb.state.tx.us.

Thank you.



Texas Medical Board

MAILING ADDRESS: P.O. BOX 2018 • AUSTIN TX 78768-2018
PHONE: (512) 305-7010

PROGRAM DIRECTOR'S REPORT OF CERTAIN TYPES OF CONDUCT BY PERMIT HOLDER

Name of Permit Holder: _____
(Please type or print name as it appears on permit)

Social Security #: _____

Permit Number: _____

Date of Event/Action: _____

Please furnish specific details and/or reasons for the report, including specific dates and/or changes. If more room is needed, please use the reverse side of this form. You may be asked to furnish more information after Board staff has reviewed your report. Thank you.

Date of notification to TMB: _____

Signature and title of supervising physician submitting notification to TMB:

Please type or print email address, name and title of supervising physician submitting notification:

Training program name and specialty: _____

