



## TEXAS MEDICAL BOARD

June 12, 2009

To: Physician in Training (PIT) Permit Holders  
From: Texas Medical Board, Licensure Division - Physician in Training Section  
Subject: PIT Holder Reports

Board rule §171.5 states in part that each PIT holder shall report in writing to the Executive Director of the Board, the following events within thirty days of their occurrence.

### **§171.5. Duties of PIT Holders to Report.**

(a) Failure of any PIT holder 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 PIT holder.

(b) The PIT holder shall report in writing to the executive director of the board the following circumstances within thirty days of their occurrence:

- (1) the opening of an investigation or disciplinary action taken against the PIT holder by any licensing entity other than the TMB;
- (2) an arrest, fine (over \$250\*), charge or conviction of a crime, indictment, imprisonment, placement on probation, or receipt of deferred adjudication; and
- (3) diagnosis or treatment of a physical, mental or emotional condition, which has impaired or could impair the PIT holder's ability to practice medicine.

\*This amount is currently \$100 in rule, but it is in the process of being changed to \$250. Report only fines over \$250.

You may use the form on the following page to make a report. The contact information for the Board is at the bottom of the page.

Location Address:  
333 Guadalupe, Tower 3, Suite 610  
Austin, Texas 78701

Mailing Address  
P.O. Box 2029  
Austin, Texas 78768-2029

Phone 512.305.7030  
Fax 512.463-9416  
Licensure Fax 512.305.7009  
[www.tmb.state.tx.us](http://www.tmb.state.tx.us)



TEXAS MEDICAL BOARD

**PHYSICIAN IN TRAINING PERMIT HOLDER'S REPORT**

Name: \_\_\_\_\_  
(Please type or print name as it appears on permit)

TMB Personal ID Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Training program name, address and specialty:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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.

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\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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