



Texas Medical Board

ADVISORY BOARD APPLICATION

1. Personal Information		2. Photograph	
Full Legal Name			
Preferred Name			
Spouse's Name			
Physical Home Address			
City, State Zip			
Mailing Address			
City, State Zip			
County	Work Telephone - -		Cell Telephone - -
Home Telephone - -	Preferred E-mail Address		

3. Employment Information		
Employer	Employer's Address	Present Job Title
		Profession
Present Job Description		

4. Education/Training			
Type of School	Name and Location of School	Year Graduated	Degree and Field of Study
Undergraduate			
Graduate			
Other			

5. References

Name	Employer	City	Telephone	Relationship
			- -	
			- -	

6. Professional Memberships (including any state bar memberships)

Organization	Title/Position	Current/Former

7. Spouse Information This Section Not Applicable

Spouse's Employer	Job Title/Position
Does your spouse conduct any business with or before the Texas Legislature or any other state entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list agencies:

8. Professional Disciplinary/Investigation History

Have you had any discipline or investigation by any state, federal or military licensing, certifying body, peer review or NPDB? If yes, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Miscellaneous Information

Are you, your spouse, or any company in which you have a material interest currently delinquent in any local, state or federal taxes? If yes, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you filed federal income tax returns for the past five (5) years? If no, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever defaulted on a personal, business or student loan? If yes, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Loan	Date	Details

9. Miscellaneous Information (Continued)

Note: "Material interest" is defined as (a) serving on the governing board of directors or (b) a ten (10) percent or greater ownership. This does not apply to any mutual funds in which you do not exercise authority in investment decisions.

Do you currently serve, or have you ever served, on any local, state or federal government board, commission or committee or in any elected or appointed office?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Position	Dates	Compensated (Y/N)	Reimbursed (Y/N)

Are you or your spouse related to a local, state, or federal public official?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Official and Title		Relationship

Do you or your spouse have any material interest in, or are either of you employed by, any company that does business with or receives funds from the State of Texas? If yes, give full name and details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Company	Details	

Are you or your spouse an officer, director, employee or paid consultant of a trade association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list association and position:	Self
	Spouse

Have you or your spouse ever been registered as a lobbyist or received compensation to represent someone before a local, state, or federal government?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Self or Spouse	Entity Represented	Entity Lobbied	Dates

In the last five years, have you, or any company in which you have a material interest, been licensed by a Texas state agency? If yes, give details.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency	Type of License	License #	Expiration

9. Miscellaneous Information (Continued)

To the best of your knowledge, has any federal, state or local law enforcement or regulatory agency (on behalf of itself or any other person or entity) filed or investigated any grievance or complaint against you, your spouse, or an entity in which you have a material interest? If yes, give details and disposition (investigated, dismissed, reprimanded)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency	Date	Details and Disposition

To the best of your knowledge, have you, your spouse, or any company in which you have a material interest been investigated, reprimanded, fined or suspended from doing business with any state or federal agency? If yes, give details and disposition (investigated, reprimanded, fined, suspended)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency	Date	Details and Disposition

Have you ever been convicted in a criminal proceeding (excluding traffic violations), placed on probation, required to perform community service, or had a criminal proceeding disposed of by pre-trial diversion, deferred prosecution, deferred adjudication, or some similar proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the charge, the date of the offense, the city and/or county and state in which it allegedly occurred, and the disposition thereof.	

10. Certification

Full Legal Name	
Date of Birth / /	Texas Driver License or DPS ID#
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth
Date of naturalization (if not a citizen upon birth) / /	

Notes:

- A resume must be attached in order for this application to be considered complete.
- Any information provided on the application or attached may be subject to the Texas Public Information Act. This means that an individual requesting copies of the information in your file may be provided access to that information.

CERTIFICATION OF APPLICANT

I hereby certify that the foregoing and any attached statements are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment. I assign and hereby give the Texas Medical Board full authority to conduct background investigations pertinent to this application. I specifically authorize the Texas Department of Public Safety to conduct a background investigation and to disclose the results of that investigation to the Texas Medical Board President or his authorized representative.

Applicant's Signature

Submit to:

Date

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