FORM C – Medical Physicists

Medical Physicists Licensure Professional Evaluation

Texas Medical Board

APPLICANT: Complete the information in this box. You must have three professional references: two must be medical physicist and one must be a licensed practicing physician. Note: your licensure analyst may require additional evaluations outside the past 5 years.

Applicant's Current Full Name: ____________________ Name at time of affiliation if different: ______________________
Printed Printed

Applicant's Date of Birth: ______________ Applicant TMB ID# _________________

Applicant's Address: ____________________________ Telephone: ________________ E-Mail: ____________________

Application for: ☐ Licensed Medical Physicist ☐ Temporary Licensed Medical Physicist ☐ Provisional Medical Physicist

with the specialty(ies) in the area(s) indicated below:

☐ Diagnostic Radiological Physics (DRP) ☐ Therapeutic Radiological Physics (TRP)

☐ Medical Nuclear Physics (MNP) ☐ Medical Health Physics (MHP)

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 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 medical competence, professional conduct, or physical and/or mental ability to safely engage in the practice allowed under my license/certification. I further authorize the Texas Medical Board 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 authorize the release of the information contained in this evaluation form to the Texas Medical Board.

____
Applicant's Signature

EVALUATING PROFESSIONAL:

- To be completed, signed, and dated by a person having first-hand knowledge of the applicant's practice of medical physics and must be mailed directly to the Board.
- A medical physicist making a professional reference must be practicing in a specialty area for which the applicant is applying. A physician making a reference must be practicing and certified in at least one of the specialties for which the applicant is applying.
- If the applicant is applying for a license in the specialty area of medical health physics, the physician may be practicing and certified in radiology, diagnostic radiology, radiation therapy, or nuclear medicine.
- After completing this evaluation, place this form in an envelope of the institution that you represent, seal the envelope and place your signature over the outside sealed envelope flap.
- If you have any questions regarding how to complete this form contact the Licensure Department at 512-305-7030.

This is important: All information on this Form C, (including attachments that you provide as the Evaluating Professional) regarding a licensure applicant is confidential pursuant to §164.007(c) of the Medical Practice Act. **However, the Board must provide a copy of this Form C and attachments to an applicant when an application is referred to the Licensure Committee for licensure determination. Any information furnished by you is further subject to Chapter 160.010, of the Medical Practice Act, Immunity from Civil Liability.**

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Applicant's Name______________________________
Printed

Evaluating Professional Name: ____________________ Credentials: ______________

Board Certification and Specialty Area: ______________________________

Address: ____
(Street or Box Number) (City) (State) (Zip)

Phone: ____________________ E-Mail: ____________________

Are you currently practicing? ☐ Yes ☐ No

Is the applicant related to you? ☐ Yes ☐ No

Association with the Applicant? ☐ Professional Associate ☐ Supervisor ☐ Employer ☐ Colleague

Length of Relationship: From (mm/yy) ________ To (mm/yy) ________

VERIFICATION OF PROFESSIONALISM

1. Professional Skills and Professional Standards of Practice (compared to a Medical Physicist of similar experience):

	Excellent	Good	Average	Poor
Basic Knowledge				
Communication Skills				
Fitness for Independent Clinical Practice				
Attention to Duties				

2. Personal Character:

	Excellent	Good	Average	Poor
Motivation				
Initiative				
Assumption or Responsibility				
Professional Ethics				

3. Professional Relationships with the following persons:

	Excellent	Good	Average	Poor
Clients				
Colleagues				
Patients				
Physicians				
Staff				

4. Do you consider the applicant:
(a) Reliable? ☐ Yes ☐ No
(b) Ethical? ☐ Yes ☐ No
(c) Of good character? ☐ Yes ☐ No

5. Has applicant, to your knowledge, ever been guilty of:
(a) Fraud or dishonesty? ☐ Yes ☐ No
(b) Unprofessional conduct? ☐ Yes ☐ No

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Applicant's Name____
Printed

6. To your knowledge, has the applicant ever:

(a) been warned, censured, reprimanded, disciplined, had privileges limited or suspended, or placed on probation? ☐ Yes ☐ No

(b) had disciplinary action taken against him/her by a licensing agency? ☐ Yes ☐ No

(c) been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation? ☐ Yes ☐ No

(d) been terminated, resigned in lieu of termination or during investigation? ☐ Yes ☐ No

7. Do you have any reservations about the above applicant? ☐ Yes ☐ No

8. If you answered "yes" to any of the above questions, please provide any additional information you may have, including the names of other individuals who may have information concerning this applicant.

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Signature: ____ **Date:** ______________________________

REMINDER: Evaluating Professional - after completing this evaluation, place this form in an envelope of the hospital/institution that you represent, seal the envelope, and place your signature over the outside sealed envelope flap.

Send to:
Texas Medical Board
MC-240
P.O. Box 2029
Austin, TX 78768-2029