



# TEXAS MEDICAL BOARD

## BOARD-APPROVED FELLOWSHIPS - INSTRUCTIONS & INFORMATION

**Refer to Chapter §161.65 Process for Board Approval of Fellowships, at <https://www.tmb.state.tx.us/page/board-rules> on the board's web site.**

### **Does Your Fellowship Require Board Approval for Physician in Training Permits to be Issued?**

No, not if the fellowship is approved by:

- the Accreditation Council for Graduate Medical Education (ACGME)
- the American Osteopathic Association (AOA)
- a member board of the American Board of Medical Specialties (ABMS), or
- a member board of the Bureau of Osteopathic Specialists (BOS)

### **Application Process**

1. Complete and submit the Board Approved Fellowships Application.
2. Attach a check made payable to the Texas Medical Board for the \$250 application processing fee.
3. Submit the application and fee at least 120 days before the board-approved fellowship is to begin to allow enough time for processing. Processing can be longer if information is missing and follow ups are required.

### **Renewals**

Submit a completed application and application processing fee at least 120 days before the fellowship's current expiration date. This is to help prevent a lapse in fellowship approval.

### **Subsequent ACGME, AOA, ABMS, or BOS Certification of Fellowship**

If the program subsequently becomes approved by the ACGME, AOA, ABMS, or BOS, the program must notify the board within 30 days of approval, as fellowship programs may not be dually approved.

Location Address:  
1801 Congress Avenue, Suite 9-200  
Austin, Texas 78701

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

Phone 512.305.7030  
Fax 888.550.7516  
[www.tmb.state.tx.us](https://www.tmb.state.tx.us)



**TEXAS MEDICAL BOARD**  
**APPLICATION FOR BOARD-APPROVED FELLOWSHIP**

<b>Name of Fellowship:</b>  (Include the Dept/Div of program. For reapprovals, include assigned TMB program ID.)	TMB ID:
<b>Graduate Medical Institution Name and Mailing Address:</b>  <b>Contact Person (including e- mail and phone number):</b>	
<b>Program Director Information:</b>  (Texas License Number and contact information including email address.)	Texas License Number:
<b>Length of Fellowship:</b>  (If longer than 1 yr, you must provide a description of each yr including evidence of progression from yr to yr and percentage of research in each yr if applicable.)	
<b>Length of Approval Cycle:</b>	Length of approval cycle is 5 yrs unless otherwise specified by the TMB.
<b>Number of Fellows to be enrolled <i>each</i> year:</b>	
<b>Required Prerequisites for Fellowship Applicants:</b>  (Include postgraduate training required prior to fellowship and if it must be accredited by the ACGME, AOA or Canadian accrediting entity.)	
<b>Projected Start Date of Fellowship:</b>	



<p><b>Is this a renewal of an existing fellowship? (Select one)</b></p>	<p><b>Yes</b> (If yes, list and point out any changes since last application in the summary section below. If no changes, then enter No Changes.)</p> <p><b>No</b></p>
<p><b>Brief Summary of Fellowship, Including:</b></p> <ul style="list-style-type: none"> <li>• <b>Goals/Objectives</b></li> <li>• <b>Need for Fellowship</b></li> <li>• <b>How Fellowship is a Progression from Residency Training</b></li> <li>• <b>Qualifications of Fellowship Program Director</b></li> <li>• <b>Fellowship's Status with Accrediting or Approval Bodies (such as ACGME, AOA, ABMS, and BOS). Include denials of accreditation/approval.</b></li> </ul>	



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I certify that the information regarding the above-named fellowship has been reviewed by the Graduate Medical Education Committee and that the following criteria have been satisfactorily demonstrated in the review:

- (A) goals and objectives
- (B) documented curriculum
- (C) qualifications of the program director and program faculty including, but not limited to, current Texas medical license, certification by the appropriate specialty board, and/or appropriate educational qualifications
- (D) candidate selection process including prerequisite requirements
- (E) duties and responsibilities of the fellows in the program
- (F) supervision of the fellows
- (G) progressive nature of the training program
- (H) evaluation of the fellows
- (I) duration of the fellowship training program for fellows

I have read and understand Board Rule §161.65 regarding board-approved fellowships. I will provide such information and documentation to the board as may be requested. By my signature below, I affirm that I am the person holding the designated position and that all of the information contained herein is true and correct.

\_\_\_\_\_  
Printed Name and Texas License Number –  
DIO

\_\_\_\_\_  
Printed Name and Texas License Number  
– GMEC Chairman

\_\_\_\_\_  
Signature – DIO

\_\_\_\_\_  
Signature – GMEC Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date