



TEXAS MEDICAL BOARD

Pain Management Clinic Certification Withdrawal / Cancellation form

Physician Name _____

Please print the same name used on your application.

Pain Management Clinic Name _____

Please print the same name used on your application.

The Texas Medical Board cannot give legal advice. Please consult an attorney if you have questions regarding whether or not your clinic meets one of the exemptions listed in Texas Occupations Code 168.002. However, please note that the Board does have inspection authority, and owners of clinics that are not properly registered can be investigated.

Please check the appropriate box:

☐ I request to withdraw my application for a pain management clinic certification.

I understand that by submitting this form, I am requesting to withdraw my request to be registered as the owner/operator of the above listed pain management clinic.

I understand that should I wish to re-apply for pain management clinic certification at a later date, a new application will need to be submitted.

I understand that my request to withdraw my pain management clinic application is subject to approval by the TMB.

☐ I request that my pain management clinic certificate, number _____ be cancelled immediately.

I understand that by submitting this form, I am requesting that my pain management clinic certification be cancelled.

I understand that my pain management clinic certificate may not be eligible for cancellation if there is a pending investigation relating to the ownership or operation of said clinic.

I understand that should I wish to re-apply for pain management clinic certification at a later date, a new application will need to be submitted.

I understand that my request to cancel my pain management clinic certificate is subject to approval by the TMB..

Reason for Withdrawal or Cancellation:

☐ I now believe that my clinic is exempt from registration.

☐ Another physician is purchasing the clinic.

☐ Clinic is no longer operating.

☐ Other: _____

Signature (Required): _____

Signature

Date

Mail or Fax to:

Texas Medical Board
P.O. Box 2029
Austin, Texas 78768-2029
Fax: (512) 463-9416

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

Mailing Address:
P.O. Box 2029
Austin, Texas 78768-2029
www.tmb.state.tx.us

Contact Information:
Phone 512.305.7030
Registration Fax 888. 512.2581
registrations@tmb.state.tx.us

Chapter 172 - Pain Management Clinics §172.3

§172.3 Certification of Pain Management Clinics

- (a) Any clinic meeting the definition of a pain management clinic under Section 168.001 of the Act must be certified.
- (d) Before 180 days after the expiration of the clinic's certificate, a clinic seeking renewal must submit:
- (1) a Board approved application;
 - (2) documentation that establishes all providers at the clinic involved in any part of patient care have completed at least ten hours of continuing education related to pain management in the preceding two years; and
 - (3) the required renewal fees.
- (h) A request to cancel a certificate must be accompanied by proof that the clinic no longer meets the definition of a pain management clinic under §168.001 of the Act.

Source Note: The provisions of this §172.3 adopted to be effective January 9, 2025, 50 TexReg 352.

Texas Occupations Code – §168 REGULATION OF PAIN MANAGEMENT CLINICS

Sec. 168.001. DEFINITIONS.

In this chapter:

- (1) "Pain management clinic" means a publicly or privately owned facility for which a majority of patients are issued on a monthly basis a prescription for opioids, benzodiazepines, barbiturates, or carisoprodol, but not including suboxone.
- (2) "Operator" means an owner, medical director, or physician affiliated or associated with the pain management clinic in any capacity. Each of these individuals is considered to be operating at the pain management clinic.

Redesignated from Occupations Code, Chapter 167 by Acts 2011, 82nd Leg., R.S., Ch. 91 (S.B. [1303](#)), Sec. 27.001(45), eff. September 1, 2011.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 478 (S.B. [1235](#)), Sec. 1, eff. September 1, 2015.

Sec. 168.002. EXEMPTIONS.

This chapter does not apply to:

- (1) a medical or dental school or an outpatient clinic associated with a medical or dental school;
- (2) a hospital, including any outpatient facility or clinic of a hospital;
- (3) a hospice established under 40 T.A.C. Section 97.403 or defined by 42 C.F.R. Section 418.3;
- (4) a facility maintained or operated by this state;
- (5) a clinic maintained or operated by the United States;
- (6) a health organization certified by the board under Section [162.001](#); or
- (7) a clinic owned or operated by a physician who treats patients within the physician's area of specialty and who personally uses other forms of treatment, including surgery, with the issuance of a prescription for a majority of the patients.

Redesignated from Occupations Code, Chapter 167 by Acts 2011, 82nd Leg., R.S., Ch. 91 (S.B. [1303](#)), Sec. 27.001(45), eff. September 1, 2011.

Amended by:

Acts 2013, 83rd Leg., R.S., Ch. 956 (H.B. [1803](#)), Sec. 7, eff. January 1, 2014.

Acts 2019, 86th Leg., R.S., Ch. 1167 (H.B. [3285](#)), Sec. 10, eff. September 1, 2019.