



## TEXAS MEDICAL BOARD

**TO: Program Directors**

**FROM: TMB Licensure Division, Licensing Dept - Physicians in Training (PIT) Section**

Board rule §161.58 states that the Program Director of each postgraduate training program shall report in writing to the Executive Director of the Board the following events within thirty days of their occurrence.

**§161.58. Duties of Program Directors to Report.**

In accordance with §§160.002 and 160.003 of the Act, Program Directors must report the following to the board within 30 days:

- (1) a PIT permit holder who did not begin the training program for any reason, including failure to graduate from medical school;
- (2) a PIT permit holder who is absent from the program for more than 21 consecutive days (excluding vacation, military, or family leave not related to the participant's medical condition) and the reason(s) why;
- (3) a PIT permit holder who has been arrested;
- (4) a PIT permit holder who poses a continuing threat to the public welfare, as defined by §151.002(a)(2) of the Act;
- (5) any final action against a PIT permit holder that adversely affects the permit holder's status or privileges for a period longer than 30 days;
- (6) a PIT permit holder who is suspended from the program; or
- (7) a PIT permit holder who is released, terminated, withdraws, or resigns from the program.

**Source Note:** The provisions of this §161.58 adopted to be effective January 9, 2025, 50 TexReg 319.



# TEXAS MEDICAL BOARD

## PROGRAM DIRECTOR'S REPORT

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

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

Social Security Number: \_\_\_\_\_

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

Date of Event/Action: \_\_\_\_\_

Furnish specific details and/or reasons for the report, including dates, actions or events leading to the report and/or changes to the trainee's status in the program. If more room is needed, attach an additional sheet. You may be asked to furnish more information after Board staff has reviewed your report. Thank you.

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Date of notification to TMB: \_\_\_\_\_

Signature and title of supervising physician submitting report to TMB: \_\_\_\_\_

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Please type or print name, title and email address of the supervising physician submitting report:

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

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**Location Address:**  
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Austin, Texas 78701

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