



Texas Medical Board

Street Address: 1801 Congress Ave, Ste 9-200, Austin, TX 78701

Mailing Address: PO Box 2029, Austin, TX 78768-2029

PHONE: (512) 305-7010

www.tmb.state.tx.us

BOARD CERTIFICATION ADVERTISING APPLICATION

Instructions

- 1) Physicians or physician-based certifying boards on behalf of members must receive approval from the Texas Medical Board in order to advertise certification by an organization that is not a member of the American Board of Medical Specialties (ABMS), American Osteopathic Association Bureau of Osteopathic Specialists (BOS), or the American Board of Oral and Maxillofacial Surgery (ABOMS). The process and required documentation are the same for either type of applicant.
- 2) If a certifying board certifies more than one specialty, a separate application must be submitted for each specialty.
- 3) Complete the application, print, and mail it to the address listed above. Attach to the application all evidence that demonstrates the certifying board has certification requirements that are substantially equivalent to the requirements of the ABMS or BOS as set out in Board Rule 164.4(b). At a minimum, this is to include:
 - a) a copy of the psychometric evaluation of each required exam and qualifications of the psychometrician(s) performing the evaluation(s);
 - b) a description of the certifying organization's process for examination, the historical results of the exams with the number of test takers and their pass/fail rate, and an overview of the subject matter;
 - c) documentation that the certifying board is tax exempt pursuant to IRS Code Section 501(c); documentation of permanent headquarters location and staff (documentation must include copy of certificate of entity formation filed with the local Secretary of State);
 - d) complete membership list in Excel format in electronic format (CD-ROM or jump drive) including, for each member: full name, address, phone number, e-mail, date of initial membership, expiration date of membership, and status or category of membership, if applicable;
 - e) list of all ACGME, AOA, and/or Oral and Maxillofacial Surgery residencies (with program identification numbers) accepted for certification and description of the training requirements for all members;
 - f) the website link for consumer verification of membership; and
 - g) a description of the peer review processes of the organization.
- 4) Staple a \$200.00 personal check, cashier's check, or money order onto the left hand corner of the application. All must be payable through a US bank.
- 5) Allow at least 30 days from the date of the Board's receipt of the application for processing of the application and fee.

Staple Check Here



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For agency use: 4445, \$200.00

1. Last	3. Middle	2. First	4. Suffix	5. Texas Lic. No. (if applicable)
6. Name of Certifying Board:				
7. Mailing Address (Note - all correspondence will be sent to this address):				
8. Daytime Telephone Number:		9. Email Address		
10. Applying on Behalf of Certifying Board? Yes <input type="checkbox"/> No <input type="checkbox"/>				
11. Certifying Board receive prior recognition by the Texas Medical Board? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date last received: _____ (Please attach a copy of the letter of confirmation received from the Board)				

I certify that I have read Board Rule 164.4 regarding board certification advertising and that the information contained herein and attached is true and correct. I accept responsibility for ensuring that the certifying board sends all required documentation to the Board.

Signature of Applicant: _____ Date: _____
(No rubber stamps or initials)

Printed Name: _____ Date: _____
(No rubber stamps or initials)



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Checklist (to be completed by Applicant)

<u>Item</u>	<u>Location in Application (Tab No., Page No.)</u>
1. Psychometric evaluation	_____
2. Qualifications of psychometricians	_____
3. Description of examination process	_____
4. Historical results of exams	_____
5. Proof of tax exempt status	_____
6. Location of headquarters and date of formation	_____
7. Membership list	_____
8. List of all ACGME, AOA, and/or Oral and Maxillofacial Surgery residencies (with Program ID numbers) accepted for certification and description of the training requirements for all members	_____
9. Website link	_____
10. Description of peer review processes	_____
11. If prior approval granted by Board, copy of letter	_____