



TEXAS MEDICAL BOARD Pain Management Clinic Initial Registration

Mailing Address

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Physical Address

1801 Congress Ave
Suite 9-200
Austin, TX 78701

General Information E-mail: registrations@tmb.state.tx.us

Pain Management Clinic Web Page:

<https://www.tmb.state.tx.us/page/renewal-pain-mgt-clinic-pegistration>

Definition: A pain management clinic is defined in statute and rule as 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.

A pain management clinic may not operate in Texas without obtaining a certificate from the Texas Medical Board (TMB). Use this form to register for pain management clinic certification and re-certification.

Instructions:

The Pain Management Clinic initial registration application should be submitted by the primary physician owner. An application is required for each clinic being operated.

The following documents must be submitted with your completed registration form:

- **NPDB/HPDB** – You, the clinic’s proposed medical director if different, and all physician owners must contact the National Practitioner Data Bank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) at <http://www.npdb-hipdb.hrsa.gov/> and perform a self-query. Send in all the responses and indicate the queries are for your clinic’s pain management clinic certification.
- **List of current employees and their license numbers** - A complete list of current clinic employees, including contract physicians and other healthcare providers, and their applicable education, qualifications, training, and professional licenses.
- **Proof of ownership of the clinic** – Documentation may include filings from county clerks, the Comptroller and Secretary of State, etc. Detailed examples of what may be excepted are available on our website.
- **Clinic protocols and standing delegation orders** – A copy of any protocols and standing delegation orders issued by licensed physicians to healthcare providers.
- **Attestation regarding clinic ownership** - A separate attestation page is required to be signed by each physician owner (and the medical director, if different).

Normal processing time is 60 days from the date of receipt, by TMB, of the form. Check the web site <https://www.tmb.state.tx.us/page/look-up-a-license> under ‘Other Healthcare professionals’ to confirm registration.

At this time, there is no charge to register a pain management clinic.

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PAIN MANAGEMENT CLINIC INFORMATION (PLEASE PRINT)

Clinic Name

Address (PO Box not allowed)

City State Zip Code

Phone Number Fax Number

State Franchise Tax ID Number Federal Employer Identification Number (EIN)

Check if clinic is your primary practice site.

Agency use only:

TMB Certification Number (if applicable) Clinic ID #

PRIMARY PHYSICIAN OWNER, CO-OWNER INFORMATION (PLEASE PRINT)

Last Name First Name Suffix MD/DO

Home Address (PO Box not allowed)

City State Zip Code

Phone Number Email Address Fax Number TX License Number

DEA Controlled Substance Number DEA Expiration date Percent of Ownership

Check if Medical Director is the same as Primary Physician Owner

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List and provide the information requested for the medical director (if different from the primary owner), and ALL owners besides the primary physician owner. Attach additional pages as needed.				
Medical Director Name (printed): _____	Address	_____	License Number	_____
		_____	Percent of Ownership	_____
	Phone	_____		
	Fax	_____	DEA CSR	_____
	E-mail	_____		
Alternate Physician Owner Name (printed): _____	Address	_____	License Number	_____
		_____	Percent of Ownership	_____
	Phone	_____		
	Fax	_____	DEA CSR	_____
	E-mail	_____		
Alternate Physician Owner Name (printed): _____	Address	_____	License Number	_____
		_____	Percent of Ownership	_____
	Phone	_____		
	Fax	_____	DEA CSR	_____
	E-mail	_____		
Alternate Physician Owner Name (printed): _____	Address	_____	License Number	_____
		_____	Percent of Ownership	_____
	Phone	_____		
	Fax	_____	DEA CSR	_____
	E-mail	_____		
Alternate Physician Owner Name (printed): _____	Address	_____	License Number	_____
		_____	Percent of Ownership	_____
	Phone	_____		
	Fax	_____	DEA CSR	_____
	E-mail	_____		

Pain Management Clinic Registration

PLEASE RESPOND TO ALL OF THE FOLLOWING ELIGIBILITY QUESTIONS

Do you currently hold an active, unrestricted medical license in Texas?	Yes	No
If the answer to this question is “no,” you are not currently eligible to own and operate a pain management clinic.		
Are all owners of the pain management clinic physicians?	Yes	No
If the answer to this question is “no,” the clinic is not eligible for certification as a pain management clinic.		
Have you, or any co-owner, ever been convicted of, pled nolo contendere to, or received deferred adjudication for:		
an offense that constitutes a felony?	Yes	No
an offense that constitutes a misdemeanor, the facts of which relate to the distribution of illegal prescription drugs or a controlled substance?	Yes	No
If the answer to any of the above questions is “yes,” you are not currently eligible to own and operate a pain management clinic.		
Have you, any co-owner, current employee or person with whom you contract services ever:		
been denied, by any jurisdiction, a license issued by the Drug Enforcement Agency or a state public safety agency under which the person may prescribe, dispense, administer, supply or sell a controlled substance?	Yes	No
held a license issued by the Drug Enforcement Agency or a state public safety agency in any jurisdiction, under which the person may prescribe, dispense, administer, supply, or sell a controlled substance, that has been restricted?	Yes	No
been subject to disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying, or selling a controlled substance?	Yes	No
If the answer to any of the above questions is “yes,” you are not currently eligible to own and operate a pain management clinic.		

HOURS OF OPERATION, PRIMARY PHYSICIAN ON-SITE HOURS

List the hours of operations of the clinic. If the same schedule is followed weekly, use only Week 1. For every other week schedules, use Weeks 1-2. For other schedules, use Weeks 1-5.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Week 1							
Clinic Hours of Operation (e.g., 8-5)							
Week 2							
Clinic Hours of Operation (e.g., 8-5)							
Week 3							
Clinic Hours of Operation (e.g., 8-5)							
Week 4							
Clinic Hours of Operation (e.g., 8-5)							
Week 5							
Clinic Hours of Operation (e.g., 8-5)							

Pain Management Clinic Registration

The following attestation must be signed and submitted by each physician owner and the medical director (if different). Please make copies as needed.

Pain Management Clinic Name: _____
(Print name here)

Physician Owner/Medical Director Name: _____
(Print name here)

I certify that:

- I am the person named in this document, and all statements I have made are true;
- All information provided in this application is correct;
- I meet the requirements as set out in Section 168.201 of the Texas Occupations Code to own and operate the abovenamed clinic;
- I will ensure an owner or operator of the clinic will be on-site at the clinic at least 33% of the clinic's total operating hours, as required by Section 168.201(c)(1) of the Texas Occupations Code;
- I will ensure an owner or operator of the clinic will review at least 33% of the total number of patient files of the clinic, as required by Section 168.201(c)(2) of the Texas Occupations Code; and
- I will ensure that all providers at the clinic involved in any part of patient care will complete at least 10 hours of continuing education related to pain management prior to renewal of the clinic's certificate, as required by Section 172.3(d)(2) of the Texas Administrative Code.

I understand that it is a violation of the Medical Practice Act, Tex. Occ. Code Ann. §164.051(a)(1) and §164.052(a)(2) and the Tex. Pen. Code Ann. §37.10 to submit a false or misleading statement to a governmental agency. I acknowledge that the Texas Medical Board (TMB) is not authorized to issue a pain management certification if I do not provide all requested information.

Physician Owner/Medical Director Signature

Date