



TEXAS MEDICAL BOARD

BOARD-APPROVED FELLOWSHIPS - INSTRUCTIONS & INFORMATION

Refer to Chapter §171.4, Postgraduate Training Permits, Board-Approved Fellowships, at [Texas Administrative Code \(state.tx.us\)](http://www.state.tx.us) 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 the application. Don't use prior versions of the application as it may delay processing.
2. Attach a check for the \$250 fee made payable to the Texas Medical Board.
3. Submit the complete application and fee **at least** 120 days before the fellowship is to begin to allow enough time for processing.

- **Internal Reviews**

Institutions with board-approved fellowships must determine whether to conduct internal reviews of the board-approved fellowship at the mid-point of the board-approved fellowship's most recent approval period.

- **Reapprovals**

The DIO and the chair of the GMCEC of the institution for which a fellowship has been previously approved by the board must apply to have the fellowship approved again if the fellowship is to continue after the expiration date. Applications for subsequent approval must comply with all requirements in this section for initial approval and must be submitted at least four months prior to the expiration of the board-approved fellowship to prevent a lapse in time of the fellowship. Permit holders shall be allowed to complete their fellowship regardless of continuing fellowship approval.

- **ACGME, AOA, ABMS, or BOS Approval of a TMB Approved Fellowship**

Board rule §171.4 (g) states: All board-approved fellowships that subsequently become approved by the ACGME, AOA, a member board of the ABMS, or a member board of the BOS, must notify the board within 30 days of their approval. Fellowships may not be dually approved by the board and ACGME, AOA, a member board of the ABMS, or a member board of the BOS. A board-approved fellowship that becomes approved by the ACGME, AOA, a member board of the ABMS, or a member board of the BOS immediately loses its board-approved status when its new approval becomes effective through the ACGME, AOA, a member board of the ABMS, or a member board of the BOS.

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

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

Phone 512.305.7030
Fax 888.790.0621
Licensure Fax 888.550.7516

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

Fellowship Name and TMB ID if applicable:	
Graduate Medical Institution Name, Mailing Address and Dept/Div of fellowship: (Include GME Fellowship contact e-mail and phone number.)	
Program Director(s): (Include Name, Texas license number and contact information including email address.)	
Length of Fellowship: (If longer than 1 yr, include a detailed description that shows progression from yr to yr and the percentage of research in each yr.)	
Length of approval requested:	Approval cycle is 5 years unless otherwise determined by the board.
Number of Fellows to be enrolled in each year:	
Required Prerequisites for Fellowship Applicants: (Include required training and if international training is accepted.)	
Begin Date of Fellowship:	
Is this a renewal of an existing fellowship? Circle one	<p>Yes (if yes, list and explain any changes since previous approval in summary section below. If there are none, please write "no changes since last approval.)</p> <p>No</p>

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Brief Summary of Fellowship, Including the following. Add extra sheets as needed for responses and documentation in support of your request.

- **Goals/Objectives**
- **Need for Fellowship**
- **How Fellowship is a Progression from Residency Training**
- **Qualifications of Fellowship Program Director**
- **Fellowship's Status with Accrediting or Approval Bodies (such as ACGME, AOA, ABMS, and BOS). Include denials of accreditation/approval.**

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APPLICATION FOR BOARD-APPROVED FELLOWSHIP

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:

1. Goals and objectives; documented curriculum; and, qualifications of the program director and program faculty, including, but not limited to, certification by the appropriate specialty board and/or appropriate educational qualifications;
2. Process by which subspecialty (fellowship) postgraduate residents are selected;
3. Prerequisite requirements of the subspecialty (fellowship) postgraduate residents, including whether prior residency training in a related specialty is required;
4. Delineated duties and responsibilities required of subspecialty (fellowship) postgraduate residents in the fellowship;
5. Number of subspecialty (fellowship) postgraduate residents to be enrolled each year;
6. Scholarly activity to be required of subspecialty postgraduate;
7. Type of supervision to be provided for subspecialty (fellowship) postgraduate residents;
8. Requirements for the program director or supervising physician to hold a Texas license or faculty temporary license issued by the board;
9. Methods for evaluation of subspecialty (fellowship) postgraduate residents by the fellowship; and
10. Progressive nature, including, but not limited to, the progressively greater responsibility of the subspecialty (fellowship) postgraduate residents throughout the course of the fellowship if the fellowship is over one year in length.

I have read and understand Board Rule §171.4 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 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

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