



TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

P.O. Box 12216

AUSTIN, TX 78711-2216

(512) 305-7000 FAX (512) 305-7003

www.tsbpme.texas.gov

HYPERBARIC OXYGEN (HBO) PERMIT APPLICATION

Every podiatric physician administering Hyperbaric Oxygen (HBO) must apply to the Texas State Board of Podiatric Medical Examiners for a permit. **(Attach administrative fee of \$25.00 payable to the Texas State Board of Podiatric Medical Examiners to this application.)**

HBO APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Date of Birth
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Office Address (Required)	City	State	Zip	Office Telephone
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Home Address	City	State	Zip	Home Telephone
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Podiatric Medical College	Date of Graduation
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Residency Training (If Applicable)	Date of Completion
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HBO Training Facility	Date of Completion
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Texas DPM License #	DEA Registration No.
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HAVE YOU EVER SUBMITTED AN APPLICATION FOR A HYPERBARIC OXYGEN PERMIT TO THE TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS?
Yes _____ No _____

PROFESSIONAL REQUIREMENTS

1. Have you completed a course of hyperbaric medicine team training that is recognized by the Undersea and Hyperbaric Medical Society as required in Board Rule §375.5 “Hyperbaric Oxygen Guidelines”? (www.tsbpme.texas.gov/rules.htm)

Yes _____ No _____

2. Will the hyperbaric oxygen treatment be administered in a hospital setting?

Yes _____ No _____

If the answers are “Yes” to the above questions, please attach supporting documentation. **Acceptable documentation consists of a program completion certificate.**

DISCIPLINARY INFORMATION

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|-----|----|----|--|
| YES | NO | 1. | Has your license to practice podiatric medicine in any jurisdiction ever been limited, suspended, revoked, or voluntarily relinquished, or are any actions pending? |
| YES | NO | 2. | Have your privileges at any medical facility ever been suspended, dismissed, revoked, or not renewed, or are any actions pending, or are your current privileges the subject of focused peer review? |
| YES | NO | 3. | Have you ever voluntarily resigned from or been asked to resign your privileges/membership from any medical facility because of disciplinary action or the possibility that an investigation or disciplinary action was to take place? |
| YES | NO | 4. | Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical organization, or are any actions pending? |
| YES | NO | 5. | Has your U.S. Drug Enforcement Administration controlled substances registration ever been limited, suspended, revoked or voluntarily relinquished, or are any actions pending? |
| YES | NO | 6. | Have you ever been sanctioned by a regulatory body for medical malpractice? |
| YES | NO | 7. | Have you been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any criminal charges pending? |
| YES | NO | 8. | Have you ever withdrawn your medical staff membership application at a medical institution? If yes, provide details and state reason for withdrawal. |

If your answer was “Yes” to any of the above questions in this section, please attach an explanation. Failure to do so will delay processing of your application.

STANDARD OF CARE REQUIREMENTS

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|-----|----|----|---|
| YES | NO | 1. | Will you maintain a current history and limited physical evaluation on all your podiatric medical patients? |
| YES | NO | 2. | Will you provide training on emergency procedures to your staff? |
| YES | NO | 3. | Will you maintain current certification in basic life support offered by the American Heart Association or the American Red Cross? (Attach copy of current card). |
| YES | NO | 4. | Have you reviewed “Questions & Answers #13” from the Board’s website which asks: “I am a Podiatrist who would like to include Hyperbaric Oxygen (HBO) therapy as part of my Wound Care treatments. What are the requirements, scope and regulations for me to perform HBO? What else should I know?” (www.tsbpme.texas.gov/qa.htm#q13) |

I fully understand that any significant misstatements of this application constitutes cause for denial of a permit by the Texas State Board of Podiatric Medical Examiners. All information submitted by me in this application is true and correct to the best of my knowledge and belief.

I have read and understand the Rules and Regulations of the Texas State Board of Podiatric Medical Examiners regarding the administering of Hyperbaric Oxygen.

Signature of Applicant

Date

STATE BOARD USE ONLY

Date Received: _____
Certificate #: _____
Date Issued: _____
Reviewed by: _____
Check: _____
Amount: _____