



## FOR REFERENCE ONLY

### Steps

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### Questions

Please answer all the questions below then select "Continue" to proceed.

If any question below does not apply to you, you must enter "N/A" in that response field. Any field left blank will prevent your renewal application from proceeding further.

Asterisk (\*) indicates response required

1. Since the last renewal, have you been convicted, given probation (whether deferred or not), fined or has a criminal indictment or information been filed against you for a felony or misdemeanor involving moral turpitude or other crime? If yes, provide details below in question 2. \*

- Yes  
 No

2. If you answered yes in question 1, please provide details.

3. Since the last renewal, have you been sued for medical malpractice or other private civil action alleging medical malpractice? If yes provide details in question 4 below: \*

- Yes  
 No

4. If you answered yes in question 3, please provide details.

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5. If your 50 CME hours are due this renewal period, do you attest and affirm that you have obtained the required 50 hours of board approved CME as required by board rule to renew your license? \*

- Yes I have obtained my 50 CME hours.
- No I do not have all of my CME hours.
- My CME hours are not due until next year.

6. Are all of your patient service areas accessible to disabled persons as defined by federal law?

- Yes
- No

7. Describe any language translating services (Spanish, hearing impairment, etc) that you provide for your patients. \*

8. What insurance plans do you accept, including participation in the State Child Health Plan under Chapter 62 of the Health & Safety Code or the Medicaid program? \*

9. Please list any education and training you have received (College degrees, advanced degrees/training, completion of residency program(s), etc). \*

10. What specialty certifications do you have and what specialty boards do you belong to? \*

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11. In what states have you practiced podiatric medicine and for how many years in each? \*

12. Please list all hospitals and other locations at which you have surgical privileges: \*

13. What is your Federal Employee Identification Number? \*

14. What is your Drug Enforcement Administration (DEA) Number(s)? \*

15. What is your Medicare Provider/Supplier Identification Number(s)? \*

16. What is your Medicaid provider/Supplier Identification Number(s)? \*

17. What is your Unique Physician Identification (UPIN) number(s)? \*

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18. What is your National Provider Identification (NPI) number(s)? \*

19. Do you have demonstrated experience in Worker's Compensation or Utilization Reviews? \*

Yes

No

Asterisk (\*) indicates response required

[Continue](#)

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or send an email to [webhelp@texasonlinehelp.com](mailto:webhelp@texasonlinehelp.com)  
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