

FORM W

“Yes” Response to Impairment Question

Submit this form if your response to the impairment question was “Yes”. Use additional paper as necessary.

Note on Mental, Physical, Neurological Conditions:

The Board understands that medical or mental health treatment is a normal part of many people's lives and receiving treatment such as counseling or therapy does not alone disqualify a licensee. However, the Board is obligated to determine whether a licensee is physically and mentally fit to practice and, therefore, must inquire to the extent necessary to make this determination.

Information on the Texas Physician’s Health Program (TXPHP):

The Texas Physician Health Program (TXPHP) is a confidential program that promotes wellness and the treatment of health conditions that may compromise the ability to practice with reasonable skill and safety. TXPHP is resource available for all licensees who may suffer from a condition that is or could impair their ability to practice.

TXPHP does not itself treat those who participate but facilitates a participant's treatment and provides monitoring as needed. Examples of conditions that TXPHP can monitor include: substance abuse and addiction issues, mental health issues, and other medical conditions that may interrupt a licensee’s practice. In addition to monitoring, TXPHP provides education, recognition, and assistance in diagnosis, treatment, and management of licensees’ potentially impairing conditions.

You may contact TXPHP for further information on the program by calling **(512) 305-7462** or via email at info@txphp.state.tx.us. Downloadable self-report forms can be found on the TXPHP website, <http://www.txphp.state.tx.us/>, under the “Forms” section of the website.

If you prefer to self-refer to the Texas Physician Health program, please contact the TXPHP and sign the self-referral portion of this form.

Self-Referral to the Texas Physician’s Health Program	
<p>I affirm that I am currently enrolled in the Texas Physician Health Program and have fully disclosed all conditions to them leading to my positive response on the application question. I am aware that the Board will verify my enrollment and compliance status with the TXPHP. I understand that I will submit any supporting documentation for my condition(s) directly to the TXPHP.</p>	
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Applicant’s signature	
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Printed Name	Date

If you are currently enrolled in the TXPHP, you are NOT required to complete the remainder of the Form W.

If you are not currently enrolled in the TXPHP, please complete the appropriate sections of the Form W that apply to you. Please ask your current treating physician, sponsor, or provider to submit a statement regarding your treatment. The statement must include a discussion of diagnosis, prognosis, medications prescribed, and compliance with recommendations. They should submit this directly to the Board.

Applicant’s Signature

Date

Printed name

FORM W

Mental or Physical Impairment	
Diagnosis:	
Prognosis and treatment plan:	
Current status:	
List of relevant medications taken within the past 5 years (list exact dosages):	
Provider names and contact information:	
Describe the manner in which the condition(s) impaired your behavior, judgment, or ability to function in school, work, or other life activities:	
Describe how you intend to accommodate such condition(s) in your practice:	

Applicant's Signature

Date

Printed name

FORM W

Substance Abuse	
Substance(s) of choice:	
Describe how the substance was obtained:	
Dates of use:	
Sobriety date:	
Reasons for use:	

Supporting Documentation:

- **Please ask your current treating physician, sponsor or provider to submit a statement regarding your treatment including diagnosis, prognosis, medications prescribed, and compliance with recommendations directly to the Board.**
- **Your licensure analyst may also require the following:**
 - Inpatient records
 - Outpatient records
 - Treatment records
 - Personal physician records
 - Counseling records
 - Contracts with impairment support groups.
 - Records on file with law enforcement agencies and licensing agencies
 - Letters of compliance.
 - Substance screening records (urine, hair and blood screens).
 - AA/NA attendance records.

I have read the note above on supporting documentation and am requesting or submitting the appropriate documents directly to the Board. I understand that my application may pass Pre-Licensure without supporting documentation, but it will still be required by my Licensure Analyst.

Applicant's Signature

Date

Printed name