

# FORM Y

## Affidavit for Expedited Handling

Statute requires that the board expedite applications by persons who submit an affidavit with the application stating that: 1) the applicant intends to practice in a rural community; or, 2) the applicant intends to practice medicine in a medically underserved area or health professional shortage area, designated by the United States Department of Health and Human Services, that has a current shortage of physicians. (Section 155.1025(a), Occupations Code)

Rural communities are designated by the State Office of Rural Health (SORH), at the Texas Department of Agriculture (TDA). Medically underserved areas (MUAs) and health professional shortage areas (HPSAs) are designated by United States Department of Health and Human Services.

To find out if your intended practice area is considered a rural community, please email the State Office of Rural Health (SORH), at [RuralHealth@texasagriculture.gov](mailto:RuralHealth@texasagriculture.gov) Additional information is available online at: <http://www.texasagriculture.gov/stateofficeofruralhealth>.

To find out if your intended practice area qualifies as a MUA or HPSA, please email the Texas Department of State Health Services (DSHS) a request to research the address to [TexasPCO@dshs.state.tx.us](mailto:TexasPCO@dshs.state.tx.us).

If your practice area qualifies, SORH and/or DSHS will email verification to you and TMB. If you do not have an intended practice address yet, SORH and/or DSHS will email an acknowledgment that you intend to either work in a designated area or serve a designated area. **Mail this form with your signature as soon as possible to the Texas Medical Board (TMB). Both this form and verification from DSHS or SORH are required before your application will be assigned to a licensing analyst and flagged for expedited handling.**

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I affirm that I intend to practice in an area designated as meeting the factor(s) selected. I therefore request expediting of my application although I understand my file will not be expedited until TMB receives verification from DSHS and/or TDRA. I understand that my failure to practice in such an area may constitute unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public and may result in disciplinary action.

Name and location of practice area: \_\_\_\_\_

Factor(s) applicable to this area:  MUA  HPSA  Rural

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name