



Application Packet for Non-Profit Charitable Health Center

Statute requires that the Board shall certify certain health organizations that meet requirements outlined in Texas Occupations Code Sec. §162.001(c) and §162.001(c-4). Certified Non-Profit Charitable Health Centers are NOT required to submit biennial reports and recertification applications. **There is no application fee.**

INSTRUCTIONS:

The application packet submitted to the Texas Medical Board (TMB) must include the following:

- Completed and notarized Application for Initial Certification
- Required Supplemental Documentation
- Contact Information Sheet

A checklist has been provided to assist you in gathering the required supplemental documents. Applications are processed in accordance with Texas Occupations Code Chapter 162 and Texas Administrative Code Rule §174.2.

The application must be reviewed by the individual authorized by the organization's bylaws to act as the Chief Executive Officer. Please note that the CEO need not be a physician.

Completed applications can be emailed as a PDF attachment to Nonprofits@tmb.texas.gov

TMB Contact Information:

(Mailing)

Texas Medical Board
P. O. Box 2029
Austin, Texas 78768-2029

(Physical)

Texas Medical Board
1801 Congress Ave, Ste 9-200
Austin, Texas 78701

CHECKLIST/WORKLIST FOR INITIAL 162.001(c) and 162.001(c-4)
NON-PROFIT CHARITABLE HEALTH CENTERS CERTIFICATION

Qualifications for Certification as a 162.001(c) Organization:

_____ Non-profit corporation under the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) and Section 501(c)(3), Internal Revenue Code of 1986 (26 U.S.C. Sec. 501(c)(3)); **and**

_____ Is organized and operated as:

_____ a migrant, community, or homeless health center under the authority of and in compliance with 42 U.S.C. Section 254b or 254c; **or**

_____ a federally qualified health center under 42 U.S.C. Section 1396d(l)(2)(B)

Documentation Required - Certification as a 162.001(c) Organization:

_____ A written request (Board application) by the health center's CEO for certification

_____ Copy of the Certificate of Incorporation under the Texas Non-Profit Corporations Act from the Secretary of State's Office. For instructions on obtaining copies of the Certificate of Incorporation for your Non-profit Corporation go to the Secretary of State's website at <http://www.sos.state.tx.us>.

_____ Written proof of a determination by the I.R.S. that the Health Organization is tax exempt under the Internal Revenue Code pursuant to section 501(c)(3)

_____ A copy of documentation verifying that the organization is organized and operated as a migrant, community, or homeless health center under the authority of and in compliance with 42 U.S.C. §§254b, or 254c, or is a federally qualified health center under 42 U.S.C. §1396d(1)(2)(B).

Qualifications for Certification as a 162.001(c-4) Organization:

_____ Hospital district; **and**

_____ Recognized by a federal agency as a public entity eligible to receive a grant related to a community or federally qualified health center; **and**

_____ Created in a county with a population of more than 800,000 that was not included in the boundaries of a hospital district before September 1, 2003; **and**

_____ Is organized and operated as:

_____ a migrant, community, or homeless health center under the authority of and in compliance with 42 U.S.C. Section 254b or 254c; **or**

_____ a federally qualified health center under 42 U.S.C. Section 1396d(l)(2)(B)

Documentation Required - Certification as a 162.001(c-4) Organization:

_____ A written request (Board application) by the health center's CEO for certification

_____ Written proof of recognition by a federal agency as a public entity eligible to receive a grant related to a community or federally qualified health center

_____ Census Bureau documentation that hospital district was created in a county with a population of more than 800,000 that was not included in the boundaries of a hospital district before September 1, 2003

_____ Written proof that the county was not included in the boundaries of a hospital district before September 1, 2003

_____ Written proof of recognition by a federal agency as a public entity eligible to receive a grant related to a community or federally qualified health center

_____ A copy of documentation verifying that the organization is organized and operated as a migrant, community, or homeless health center under the authority of and in compliance with 42 U.S.C. §§254b, or 254c, or is a federally qualified health center under 42 U.S.C. §1396d(1)(2)(B).

**APPLICATION FOR INITIAL CERTIFICATION:
CERTIFIED 162.001(c) or 162.001(c-4)
NON-PROFIT CHARITABLE HEALTH CENTERS**

On behalf of _____ I hereby request certification of:
(name of organization)

(name of Non-Profit Charitable Health Center)

(street address, city, state, zip code)

to contract with or employ physicians licensed by the Texas Medical Board as (check one):

_____ 1. Texas Medical Practice Act, Texas Occupations Code Annotated, Section 162.001(c)

A non-profit corporation pursuant to the Texas Medical Practice Act, Texas Occupations Code Annotated, Section 162.001(c), as amended, and Chapter 174 of the Rules of the Texas Medical Board, organized and operated as:

- a community health center under the authority of and in compliance with 42 U.S.C. Section 254b or 254c; or,
- a federally qualified health center under 42 U.S.C. Section 1396d (1)(2)(B).

_____ 2. Texas Medical Practice Act, Texas Occupations Code Annotated, Section 162.001(c-4)

A hospital district created in a county with a population of more than 800,000 that was not included in the boundaries of a hospital district before September 1, 2003, that is recognized by a federal agency as a public entity eligible to receive a grant related to:

- a community health center under the authority of and in compliance with 42 U.S.C. Section 254b or 254c; or,
- a federally qualified health center under 42 U.S.C. Section 1396d (1)(2)(B).

I hereby certify that I am the chief executive officer of _____,
(name of organization)

and that the attached documentation in support of this application has been personally reviewed by me for accuracy, and I further certify that this attached information is true and correct. This organization is eligible for approval and certification due to its status as indicated above.

Attached are true and correct copies of current documents verifying the above information.

Printed Name: _____

Title: _____

Address: _____

City, State Zip: _____

Telephone Number: _____

Email Address: _____

Signature: _____ Date: _____

STATE OF _____ §

COUNTY OF _____ §

BEFORE ME, on this day personally appeared _____, known to me, who, first, being duly sworn, signed the foregoing Application for Approval and Certification To Contract With or Employ physicians As a Certified 162.001(c) Health Organization in my presence indicating that the information contained therein is true and correct.

SIGNED on this the _____ day of _____, 20____.

Notary Seal

NOTARY PUBLIC

Nonprofit Application Contact Sheet

Please provide name(s) and contact information for all individuals that can be contacted by Board staff with questions about the application. Correspondence such as the approval notification will also be emailed to the contact(s) provided.

Name of Contact:

- 1.
- 2.
- 3.

Email Address:

- 1.
- 2.
- 3.

Phone Number: