

# FAX

## Physician of the Day Program Disclosure Form

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### DISCLOSURE POLICY:

Only family physicians with a valid unrestricted Texas medical license and who are members in good standing in TAFP or TOMA may participate in the Physician of the Day program. The physician must not have ever had his or her license suspended or revoked, voluntarily surrendered his or her license, or been convicted of a felony or violation of any state or federal narcotics act. TAFP reserves the right to remove a physician who is scheduled to serve as Physician of the Day if there are any changes made to his or her membership status or to his or her medical license.

All physicians must fill out the disclosure form by fax or through the online form at [www.tafp.org/advocacy/get-involved/physician-of-the-day/disclosure](http://www.tafp.org/advocacy/get-involved/physician-of-the-day/disclosure).

Please call (512) 329-8666 or e-mail [jwilliams@tafp.org](mailto:jwilliams@tafp.org) if you have any questions about this policy. Remit to Juleah Williams, (512) 329-8237.

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NAME

CITY

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PHONE

E-MAIL ADDRESS

Have you ever had your license suspended or revoked, voluntarily surrendered your license, or been convicted of a felony or violation of any state or federal narcotics act?

No

Yes

IF YES, PLEASE EXPLAIN:

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By signing this form, I confirm that the above information is correct and that I have a valid unrestricted Texas medical license and am a member in good standing in TAFP or TOMA.

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SIGNATURE

DATE