Welcome to the TMB Website

PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: JOSEPH ANDREW NELSON MD

THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD

Date of Birth: 1986
License Number: Q9211 Full Medical License
Issuance Date: 07/15/2016
Expiration Date of Physician’s Registration Permit: 08/31/2021

Registration Status: ACTIVE
Disciplinary Status: NONE
Licensure Status: NONE
Registration Date: 07/26/2016
Disciplinary Date: NONE
Licensure Date: NONE

Medical School of Graduation:
At the time of licensure, TMB verified the physician’s graduation from medical school as follows:
BAYLOR COLL OF MED, HOUSTON

Medical School Graduation Year: 2014

TMB Filings, Actions and License Restrictions
The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

NONE

Investigations by TMB of Medical Malpractice
Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE
**Status History**

Status history contains entries for any updates to the individual’s registration, licensure or disciplinary status types (beginning with 1/1/78, when the board’s records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verifcic@tmb.state.tx.us

**Status Code**: AC  
**Effective Date**: 07/26/2016  
**Description**: ACTIVE

**Status Code**: LI  
**Effective Date**: 07/15/2016  
**Description**: LICENSE ISSUED

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**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

**Gender**: MALE  
**Ethnicity**: DID NOT ANSWER  
**Race**: WHITE  
* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for individuals to submit updated race and Hispanic origin data to the TMB.

**Place of Birth**: UTAH

**Current Primary Practice Address**:  
3256 LACKLAND RD.  
FORT WORTH , TX  76116

**Years of Active Practice in the U.S. or Canada**:  
The physician reports that he/she has actively practiced medicine in the United States or Canada for 5 year(s).

**Years of Active Practice in Texas**:  
The physician reports that, of the above years he/she has actively practiced in the State of Texas for 5 year(s).

**Specialty Board Certification**

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

**Specialty Certification**: AMERICAN BOARD OF FAMILY MEDICINE  
**Date**: 2017
Primary Specialty
The physician reports his/her primary practice is in the area of FAMILY MEDICINE.

Secondary Specialty
The physician did not report a secondary practice area.

Name, Location and Graduation Date of All Medical Schools Attended
Name: BAYLOR COLL OF MED, HOUSTON
Location:
Graduation Date: 05/2014

Graduate Medical Education In The United States Or Canada
Program Name: UNTHSC GRADUATE CERTIFICATE IN ACADEMIC MEDICINE
Location: FORT WORTH Begin Date: 07/2016
Type: FELLOWSHIP End Date: 06/2017
Specialty: ACADEMIC MEDICINE

Hospital Privileges
The physician reports that he/she has hospital privileges in the following in the State of Texas:
NONE

Utilization Review
The physician did not report whether he/she provides utilization review.
NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area is accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician reports that the following language translation services are provided for patients: TELEPHONE TRANSLATOR

Medicaid Participant: The physician reports that he/she does participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information
The physician may optionally report descriptions of up to five such honors and has reported the following:

NONE

Malpractice Information
Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History
Self-Reported Criminal Offenses: The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards
The physician has reported the following:

Description: NONE

Physician Assistant Supervision

Description: NONE
### Advanced Practice Nurse Delegation

**Description:** NONE

### Summary of all License/Permit Types

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2014</td>
<td>PHYSICIAN IN TRAINING PERMIT</td>
</tr>
<tr>
<td>07/15/2016</td>
<td>LICENSED PHYSICIAN</td>
</tr>
</tbody>
</table>

Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.