

PHYSICIAN IN TRAINING (PIT) LAYOUT

DataLayout Field #	Abbreviation	Column Description	Length	Starting Position	Ending Position
1	ID	UNIQUE ID NUMBER	7	1	7
2	LIC	PHYSICIAN IN TRAINING PERMIT NUMBER	10	8	17
3	FIL	FILLER	5	18	22
4	LN	LAST NAME	25	23	47
5	FN	FIRST NAME	22	48	69
6	SUF	SUFFIX	3	70	72
7	MA1	MAILING ADDRESS LINE 1	30	73	102
8	MA2	MAILING ADDRESS LINE 2	30	103	132
9	MC	MAILING ADDRESS CITY	20	133	152
10	MS	MAILING ADDRESS STATE	2	153	154
11	MZIP	MAILING ADDRESS ZIP CODE	10	155	164
12	YOB	YEAR OF BIRTH (YYYY)	4	165	168
13	POB	BIRTHPLACE	30	169	198
14	SPEC	PROGRAM SPECIALTY	80	199	278
15	PROGID	PROGRAM ID	15	279	293
16	PROGNAME	PROGRAM NAME	65	294	358
17	SCH	MEDICAL SCHOOL	67	359	425
18	GYR	MEDICAL SCHOOL GRAD YEAR (YYYY)	4	426	429
19	DEG	MEDICAL SCHOOL DEGREE	2	430	431
20	PBD	PROGRAM BEGIN DATE (MMDDYYYY)	8	432	439
21	PED	PROGRAM END/TERMINATE DATE (MMDDYYYY)	8	440	447
30	GEN	GENDER CODE	1	448	448
31	RAC	RACE CODE	3	449	451
32	HIS	HISPANIC ORIGIN	1	452	452

Total Length of Record

452

Element:	GENDER CODE
Code	Description
M	MALE
F	FEMALE

Element:	RACE CODE
Code	Description
ASN	ASIAN
BLK	BLACK OR AFRICAN AMERICAN
HAW	HAWAIIAN OR OTHER PACIFIC ISLANDER
IND	AMERICAN INDIAN OR ALASKA NATIVE
OTH	OTHER
WHT	WHITE

DISCLAIMER

Please note our data field definitions change occasionally. Remember to update your translations tables as needed to match the database layout you receive as failing to do so may result in incorrect data translation. Errors which result from the failure to properly translate the enclosed data, therefore, are the sole responsibility of the customer. The Texas Medical Board is not responsible for any translation errors which may occur and makes no warranties either expressed or implied, as to the data.