## PHYSICIAN IN TRAINING (PIT) LAYOUT

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

Total Length of Record

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.