



TEXAS PHYSICIAN ASSISTANT BOARD

CANCELLATION BY REQUEST

Physician Assistant's Name _____
(Please print)

PA License Number _____

BEFORE ME, the undersigned notary public, on this day personally appeared _____,
who, after being by me duly sworn, upon his oath deposed and said:

I hereby request that my Physician Assistant License, Number _____ be cancelled immediately.

I understand if my physician assistant permit has been expired for one year or longer, my license would be considered canceled, unless an investigation is pending. After closure of the investigation, the license shall be automatically cancelled for nonpayment of registration fees, late fees, and/or failure to timely submit registration forms.

I understand that by executing this affidavit, my license will be cancelled and I will no longer be able to exercise any rights or privileges as a Physician Assistant in Texas.

I understand that in order to reactivate the license following cancellation, I must file an application for relicensure and meet all requirements for licensure in effect at the time of application.

Physician Assistant's Signature Date

SUBSCRIBED & SWORN to me by _____, before me on this
the ____ day of _____, 20____, to certify which, witness my hand and seal of
office.

Notary Public Signature
Notary's Printed Name:

Notary Seal

State of _____
My Commission Expires: _____

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