



Texas State Board Acupuncture Examiners

MAILING ADDRESS: MC-264, P.O. Box 2018 • AUSTIN TX 78768-2018
PHONE: (512) 305-7070

Licensee's Name _____ License Number _____
(Please Print)

THE STATE OF _____
COUNTY OF _____

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 have read and understand Board rule 183.25, Inactive Status License.

I request that my Texas Acupuncture license, _____, be placed on inactive status.
License Number

I agree not to practice as an acupuncturist in the State of Texas.

I understand and agree that if I desire to return to active practice, I must first obtain the Board's approval.
I understand that I may be required to provide evidence of my competence at that time. I also understand
that any decision by the Board to authorize a return to active practice pursuant to my request will be
discretionary at that time.

I understand that as long as I maintain my inactive status I will be exempt from payment of the standard
renewal fees on the license and shall instead pay a renewal fee equaling one fourth the price of the
standard renewal fee. I also understand and agree that if I apply for and receive permission to resume an
active licensure status; I will pay any required fees at that time.

I understand that if my license remains on an inactive status for 5 years, it will be automatically cancelled
as if by request, per Board rule 183.25(f).

Licensee'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.

State of Texas
County of _____

Notary Public Signature

Notary's Printed Name:
My Commission Expires: _____

NOTARY SEAL