



TEXAS STATE BOARD OF ACUPUNCTURE EXAMINERS

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:

1. I request that my Texas Acupuncture license, _____, be placed on official retired status.
License Number
2. I have read and understand Board Rule 183.26, Retired License.
3. I agree not to practice Acupuncture or engage in clinical activities in this state.
4. I agree that I will not apply for licensure by reciprocal endorsement or any other method in any other state based upon my Texas Acupuncture license.
5. I understand that as long as I maintain my retired status I will be exempt from payment of the registration fee and the requirement of submitting a registration form.
6. I understand and agree that if I desire to return to active practice, I must first obtain the Board's approval.
7. I understand that if I desire to return to active practice I may be required to provide evidence of my competence at that time, which evidence might include: completion of specified continuing acupuncture education hours qualifying under §183.20; limitation and/or exclusion of my practice to specified activities of practice; remedial education; and/or evidence of such other remedial or restrictive conditions or requirements which, in the discretion of the board are necessary to ensure protection of the public and minimal competency of the applicant to safely practice as an acupuncturist.
8. I understand that any decision by the Board to authorize a return to active practice pursuant to my request will be discretionary at that time.

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.

Notary Public Signature

Notary's Printed Name: _____

NOTARY SEAL State of _____

My Commission Expires: _____

Location Address:
333 Guadalupe, Tower 3, Suite 610
Austin, Texas 78701

Mailing Address:
P.O. Box 2029 MC 245
Austin, Texas 78768-2029
www.tmb.state.tx.us

Contact Information:
Phone 512.305.7030
registrations@tmb.state.tx.us