



Texas Board of Respiratory Care

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 respiratory care practitioner certificate, number _____ be placed on official retired status.
2. I agree not to practice as a respiratory care practitioner or engage in clinical activities in this or any other state.
3. I understand and agree that I may not provide voluntary charity care without the Board's prior approval.
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 respiratory care practitioner certificate.
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 will be required to provide evidence of my competence at that time, including, but not limited to, current certification by the National Board of Respiratory Care; completion of specified continuing education hours that meet the requirements of the Board's rules; limitation and/or exclusion of practice to certain specified activities relating to practice as a respiratory care practitioner; remedial education; and/or 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 a respiratory care practitioner.
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.

Respiratory Care Practitioner'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
Austin, Texas 78768-2029
www.tmb.state.tx.us

Phone 512.305.7030
Registration Fax 888.512.2581
registration@tmb.state.tx.us