TEXAS MEDICAL BOARD

Name_____ **SSN** _____ **TMB ID** _____

Please print the same name as used on your application.

Please check your application type.

- ☐ Acudetox Specialist
- ☐ Acupuncturist
- ☐ Physician (M.D. or D.O)
- ☐ Physician Assistant
- ☐ Physician in Training (Internship, Residency & Fellowship Training)
- ☐ Surgical Assistant
- ☐ Medical Radiologic Technologist
- ☐ Non-Certified Radiologic Technician
- ☐ Respiratory Care Practitioner
- ☐ Medical Physicist
- ☐ Perfusionist

I wish to withdraw my application for licensure in Texas.

I understand that any documents provided to the TMB for my application may be destroyed approximately 6 months after the withdrawal of my application, and may not be able to be retrieved after that date.

I understand that once my application has been withdrawn, in order to further pursue licensure in Texas, I will be required to submit a new application and fee.

I understand that, excluding third party documentation, a copy of my application and other documentation I submitted may be sent to me if I submit a request to **openrecords@tmb.state.tx.us**

Are you requesting a refund of your application fee? Please note that refund requests are reviewed on an individual basis and granted in limited circumstances. Please mail or fax the completed form to the contact information below.

❒ Yes

Please provide a description of the circumstance(s) for your refund request.

_____

_____

_____

_____

_____

_____

_____

Signature (Required)**:** _____ _____

Signature **Date**

Location Address:
1801 Congress Ave, Suite 9-200
Austin, Texas 78701

Mailing Address
P.O. Box 2029
Austin, Texas 78768-2029

Phone 512.305.7030
Licensure Fax 888.550.7516