



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 Texas.
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 submit an application for re-licensure and meet all of the current licensure requirements.
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:
1801 Congress Ave, Suite 9-200
Austin, Texas 78701

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

Contact Information:
Phone 512.305.7030
Registration Fax 888. 512.2581
registrations@tmb.state.tx.us