



## TEXAS MEDICAL BOARD

### CANCELLATION BY REQUEST

Physician's Name \_\_\_\_\_ License Number \_\_\_\_\_  
(Please Print)

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 request that my Texas Medical License, Number \_\_\_\_\_ be cancelled immediately.  
License Number

I understand that by executing this affidavit, my license will be cancelled and I will no longer be able to exercise any rights or privileges as a physician in Texas.

I understand that in order to practice medicine again in Texas following cancellation, I must file an application for relicensure and meet all requirements for licensure in effect at the time of application.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

SUBSCRIBED & SWORN to before me by \_\_\_\_\_, 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](http://www.tmb.state.tx.us)

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