

Texas Medical Board

TEXAS STATE BOARD OF ACUPUNCTURE EXAMINERS

ACUPUNCTURE TEMPORARY LICENSE AFFIDAVIT

MY NAME is _____

PRINTED OR TYPED NAME OF APPLICANT

MY ADDRESS is _____

I HAVE applied to the Texas State Board of Acupuncture Examiners (TSBAE) for licensure. I have also requested that the TSBAE issue to me a Temporary License. I am informed by the Executive Director of the Texas Medical Board (TMB) that my application is incomplete; therefore, a thorough investigation of my qualifications for licensure is not possible at this time. I am aware that the Board (TSBAE) may decline to recommend my application for an Acupuncture license. Nevertheless, I am requesting that the Executive Director of TMB issue me a Temporary License which I hereby agree to surrender voluntarily if it is later determined by the Executive Director of TMB, a committee of the Board (TSBAE), or by the Board (TSBAE) itself that I am ineligible for permanent licensure or if the board (TSBAE) under discretionary authority, declines to recommend my application for an Acupuncture license. I further agree to appear personally before the Board (TSBAE) if requested to do so and answer such questions as may be put to me by any Board member.

I HEREBY agree that I will voluntarily surrender my Temporary License to the Executive Director (TMB) if he so requests during the term of the Temporary License, waiving all such rights to which I may be entitled under the provision of Texas Occupations Code Annotated Sections 205 (Vernons Pamph. 2000), including the filing of a complaint, notice of hearing, and all such rights to which I may be entitled under the applicable provisions of the Administrative Procedure and Texas Register Act. I further understand that the issuance of a Temporary License in no way assures the issuance of a permanent license and that the issuance of a permanent license is discretionary with the Board (TSBAE).

I UNDERSTAND and agree that without the execution of this affidavit, the Texas State Board of Acupuncture Examiners will not issue me a temporary license pending final action on my application for licensure.

EXECUTED this the ______ day of ______, 20 _____.

Signature of Applicant

ID #_

Processor #_____

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 Fax 888.790.0621 Licensure Fax 888.550.7516