



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

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 (CHOOSE: general or limited) medical radiologic technologist certificate, number _____ be placed on official retired status.
2. I agree not to practice as a (CHOOSE: general or limited) medical radiologic technologist in this or any other state.
3. I agree that I will not apply for licensure by reciprocal endorsement or any other method in any other state based upon my Texas (general or limited) medical radiologic technologist certificate.
4. 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 an registration form.
5. I understand and agree that if I desire to return to active practice, I must first obtain the Board's approval.
6. 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, if applicable, with the American Registry of Radiologic Technologists or by the Nuclear Medicine Technology Certification Board; completion of specified continuing education hours that meet requirements under the Board's rules; limitation and/or exclusion of practice to certain specified activities relating to practice as a (general or limited) medical radiologic technologist; 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 individual to safely practice as a (general or limited) medical radiologic technologist.
7. 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.

(General or Limited) Medical Radiologic Technologist'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