



TEXAS MEDICAL BOARD

Physician's Name _____
(Please Print)

License Number _____

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 medical license, _____, be placed on official retired status.
License Number
2. I agree not to practice medicine or engage in clinical activities in Texas.
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 medical license.
4. I understand that as long as I maintain my retired status I will be exempt from payment of the biennial registration fee and the requirement of submitting a biennial 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 submit an application for re-licensure, and meet all of the current licensure requirements.
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.

Physician'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: _____

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