



TEXAS MEDICAL BOARD

PHYSICIAN REQUEST FOR CONTINUING EDUCATION EXEMPTION

Licensee's Name _____
(Please print)

License Number _____
(Please print)

I hereby request an exemption from the current continuing education (CE) requirement:

I am requesting this exemption under (**check one**):

- _____ 1) Catastrophic illness
- Please attach a written statement (and additional documentation as needed) that clearly establishes the period of disability and resulting physical limitations.
- _____ 2) Military service of longer than one year's duration outside the state
- Please attach copy of military orders.
- _____ 3) Residence of longer than one year's duration outside the United States
- Please attach a written statement of explanation.
- _____ 4) Good cause
- Please attach a written statement (and additional documentation as needed) that provides evidence why you are unable to comply with the requirement for CE.

I understand that this exemption request is subject to approval.

Licensee's Signature

Date

Location Address:
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Austin, Texas 78701

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