



# TEXAS MEDICAL BOARD

## MEDICAL PHYSICIST REQUEST FOR CONTINUING EDUCATION EXEMPTION

Medical Physicist Licensee's Name \_\_\_\_\_  
(Please print)

Medical Physicist 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) Active duty military service  
○ Please attach copy of military orders.

\_\_\_\_\_ 2) Student in an approved academic program  
○ Please attach proof of attendance in an approved academic program

I understand that this exemption request is subject to approval.

\_\_\_\_\_  
Medical Physicist Licensee's Signature

\_\_\_\_\_  
Date

Location Address:  
333 Guadalupe, Tower 3, Suite 610  
Austin, Texas 78701

Mailing Address  
P.O. Box 2029  
Austin, Texas 78768-2029  
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