

TEXAS STATE BOARD OF ACUPUNCTURE EXAMINERS

Licensee's Name _____ 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:

I have read and understand Board rule 183.25, Inactive Status License.

I request that my Texas Acupuncture license, _____, be placed on inactive status. I agree not to practice as an acupuncturist in the State of Texas.

I understand and agree that if I desire to return to active practice, I must first obtain the Board's approval. I understand that I may be required to provide evidence of my competence at that time. I also understand that any decision by the Board to authorize a return to active practice pursuant to my request will be discretionary at that time.

I understand that as long as I maintain my inactive status I will be exempt from payment of the standard renewal fees on the license. I also understand and agree that if I apply for and receive permission to resume an active licensure status; I will pay any required fees at that time.

I understand that if my license remains on an inactive status for 5 years, it will be automatically cancelled as if by request, per Board rule 183.25(f).

Licensee's Signature SUBSCRIBED & SWORN to me by		Date, before me on this the		
				day of
Notary Public Signature				
Notary's Printed Name:				
NOTARY SEAL		State of		
	Му	Commission Expires:		
Location Addu 1801 Congress	ess: Ave, Suite 9-200	Mailing Address: P.O. Box 2029	Contact Information: Phone 512.305.7030	
Austin, Texas		Austin, Texas 78768-2029 www.tmb.state.tx.us	Registration Fax 888. 512.2581 registrations@tmb.state.tx.us	