



## TEXAS STATE BOARD OF ACUPUNCTURE EXAMINERS

### ACUPUNCTURE 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  
○ 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:  
333 Guadalupe, Tower 3, Suite 610  
Austin, Texas 78701

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