Texas State Board Acupuncture Examiners

Licensee's Name _____ License Number _____
(Please Print)

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 Acupuncture license, _____, be placed on official retired status.
   License Number
2. I have read and understand Board Rule 183.26, Retired License.
3. I agree not to practice Acupuncture or engage in clinical activities in this state.
4. I agree that I will not apply for licensure by reciprocal endorsement or any other method in any other state based upon my Texas Acupuncture license.
5. I understand that as long as I maintain my retired status I will be exempt from payment of the annual registration fee and the requirement of submitting an annual registration form.
6. I understand and agree that if I desire to return to active practice, I must first obtain the Board's approval.
7. I understand that if I desire to return to active practice I may be required to provide evidence of my competence at that time, which evidence might include: completion of specified continuing acupuncture education hours qualifying under §183.20; limitation and/or exclusion of my practice to specified activities of practice; remedial education; and/or evidence of such other remedial or restrictive conditions or requirements which, in the discretion of the board are necessary to ensure protection of the public and minimal competency of the applicant to safely practice as an acupuncturist.
8. 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.

_____   _____
Licensee'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.

State of Texas
County of _____   _____
                                       Notary Public Signature

                                       _____
                                       Notary's Printed Name:

NOTARY SEAL   My Commission Expires: _____