



TEXAS STATE BOARD OF 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:

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

I request that my Texas Acupuncture license, _____, be placed on inactive status.
License Number

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 and shall instead pay a renewal fee equaling one fourth the price of the standard renewal fee. 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

Date

SUBSCRIBED & SWORN to me by _____, before me on this the

_____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Notary Public Signature

Notary's Printed Name: _____

NOTARY SEAL _____ State of _____

My Commission Expires: _____

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

Mailing Address:
P.O. Box 2029 MC 245
Austin, Texas 78768-2029
www.tmb.state.tx.us

Contact Information:
Phone 512.305.7030
registrations@tmb.state.tx.us