



TEXAS MEDICAL BOARD

AFFIDAVIT FOR INACTIVE STATUS OF RESPIRATORY CARE CERTIFICATE

BEFORE ME, the undersigned notary public, on this day personally appeared _____,
who, after being by me duly sworn, upon his oath deposed and said: (please print)

I have read and understand Texas Occupations Code Rule 140.209(g), Inactive status.

I hereby request that my Respiratory Care Practitioner Certificate Number _____ be placed on inactive
status. (please print)

I agree not to practice as a respiratory care practitioner 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 an annual inactive 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, per Texas Occupations Code Rule 140.209(g)(6).

Respiratory Care Practitioner's Signature

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: _____

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