



TEXAS MEDICAL BOARD

CANCELLATION BY REQUEST

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

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 request that my Texas Medical License, Number _____ be cancelled immediately.
License Number

I understand that by executing this affidavit, my license will be cancelled and I will no longer be able to exercise any rights or privileges as a physician in Texas.

I understand that in order to practice medicine again in Texas following cancellation, I must file an application for relicensure and meet all requirements for licensure in effect at the time of application.

Physician's Signature

Date

SUBSCRIBED & SWORN to before me by _____, 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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