



TEXAS PHYSICIAN ASSISTANT BOARD

AFFIDAVIT FOR PA INACTIVE STATUS

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 185.8, Inactive License.

I hereby request that my Texas Physician Assistant license, number PA _____ be placed on inactive status.

I agree not to practice as a physician assistant 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 annual registration fee and the requirement of submitting an annual registration application. 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 185.8(f).

Physician Assistant'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:
1801 Congress Ave, Suite 9-200
Austin, Texas 78701

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

Contact Information:
Phone 512.305.7030
Registration Fax 888. 512.2581
registrations@tmb.state.tx.us