



TEXAS MEDICAL BOARD

REQUEST FOR CANCELLATION OF MEDICAL PHYSICIST CERTIFICATE

Medical Physicist's Name _____
(Please print)

Medical Physicist's Certificate 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 hereby request that my Medical Physicist certificate number _____ be cancelled effective immediately.

I understand if my Medical Physicist certificate has been expired for one year or longer, my certificate would be considered canceled, unless an investigation is pending. After closure of the investigation, the certificate shall be automatically cancelled for nonpayment of registration fees, late fees, and/or failure to timely submit registration forms.

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

I understand that in order to practice as a Medical Physicist in the future, I must file an application for re-certification and meet all requirements for certification in effect at the time of application.

Medical Physicist'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: _____

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