



TEXAS MEDICAL BOARD

REQUEST FOR CANCELLATION OF PERFUSIONIST LICENSE

Perfusionist's Name _____
(Please print)

Perfusionist 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 hereby request that my perfusionist license number _____ be cancelled effective immediately.

I understand if my perfusionist License has been expired for one year or longer, my license would be considered canceled, unless an investigation is pending. After closure of the investigation, the license 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 License will be cancelled and I will no longer be able to exercise any rights or privileges as a perfusionist in Texas.

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

Perfusionist'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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