



TEXAS MEDICAL BOARD

PERFUSIONIST REQUEST FOR VOLUNTARY CHARITY CARE

Perfusionist's Name _____
(Please print)

Perfusionist 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:

1. I hereby request that my Texas perfusionist license, _____, be placed on official Voluntary Charity Care Status.
License Number
2. I certify that my practice of perfusion does not include the provision of perfusion services for either direct or indirect compensation which has monetary value of any kind.
3. I certify that my practice of perfusion is limited to voluntary charity care to indigent populations; in medically underserved areas; or for a disaster relief organization, for which I receive no direct or indirect compensation of any kind for perfusion service rendered.
4. I certify that my practice of perfusion does not include the provision of perfusion services to my family.
5. I acknowledge that in order to qualify for this status I must obtain and report continuing education as required under Board rules under Texas Administrative Code, Title 22, Part 9, rules 188.24 and 188.26.
6. I understand that in order to qualify for this status I must file a completed registration application with the Texas Medical Board biennially as required under Board Rule 188.9.
7. I understand that I must request and execute the Voluntary Charity Care affidavit with each registration.
8. I understand that as a retired perfusionist licensed by the TMB whose only practice is the provision of voluntary charity care as described in (3) above I shall be exempt from the registration fee. I understand that should I return to an active status, I will be required to register and pay the registration fee in force at that time.
9. I understand that I remain subject to disciplinary action under Board rules, the Medical Practice Act Title 3, Subtitle B, Tex. Occ. Code and the Licensed Perfusionist Act, Title 3, Subtitle K, Tex. Occ. Code Ann. Ch. 603, based on unprofessional or dishonorable conduct likely to deceive, defraud, or injure the public if I engage in the compensated practice of perfusion, or the provision of perfusion services to members of my family.
10. I understand that my attempts to obtain an exemption from the registration under this section by submitting false or misleading statements to the TMB shall render me subject to disciplinary action pursuant to Board rules, the Medical Practice Act Title 3, Subtitle B, Tex. Occ. Code and the Licensed Perfusionist Act, Title 3, Subtitle K, Tex. Occ. Code Ann. Ch. 603, in addition to any civil or criminal actions provided for by state or federal law.

Perfusionist'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: _____

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