



TEXAS MEDICAL BOARD

MEDICAL PHYSICIST REQUEST FOR CONTINUING EDUCATION EXEMPTION

Medical Physicist Licensee's Name _____
(Please print)

Medical Physicist License Number _____
(Please print)

I hereby request an exemption from the current continuing education (CE) requirement:

I am requesting this exemption under (**check one**):

- _____ 1) Active duty military service
○ Please attach copy of military orders.
- _____ 2) Student in an approved academic program
○ Please attach proof of attendance in an approved academic program

I understand that this exemption request is subject to approval.

Medical Physicist Licensee's Signature

Date

Location Address:
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Austin, Texas 78701

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