



## 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 183.17, 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 3 years, it will be automatically cancelled, per Board rule 183.17(b).

\_\_\_\_\_  
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

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