



## TEXAS BOARD OF RESPIRATORY CARE

Mailing Address: P.O. Box 2018 • Austin, Texas 78768-2018

Phone 512.305.7010

### RESPIRATORY CARE PRACTITIONER REQUEST FOR CONTINUING EDUCATION EXEMPTION

Certificate Holder's Name \_\_\_\_\_  
(Please print)

Certificate Number \_\_\_\_\_  
(Please print)

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

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

- \_\_\_\_\_ 1) Catastrophic illness
- Please attach a written statement (and additional documentation as needed) that clearly establishes the period of disability and resulting physical limitations.
- \_\_\_\_\_ 2) Military service of longer than one year's duration outside the United States
- Please attach copy of military orders.
- \_\_\_\_\_ 3) Residence of longer than one year's duration outside the United States
- Please attach a written statement of explanation.
- \_\_\_\_\_ 4) Good cause
- Please attach a written statement (and additional documentation as needed) that provides evidence why you are unable to comply with the requirement for CE.

I understand that this exemption request is subject to approval.

\_\_\_\_\_  
Certificate Holder's Signature

\_\_\_\_\_  
Date

Location Address:  
1801 Congress Ave, Suite 9-200  
Austin, Texas 78701

Mailing Address:  
P.O. Box 2029  
Austin, Texas 78768-2029  
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