



## TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

THE STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

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 request that my Texas non-certified radiologic technician registration number(s) \_\_\_\_\_ be placed on official retired status.
2. I agree not to practice as a non-certified radiologic technician in Texas.
3. I agree that I will not apply for licensure by reciprocal endorsement or any other method in any other state based upon my Texas non-certified radiologic technician registration.
4. I understand that as long as I maintain my retired status I will be exempt from payment of the registration fee and the requirement of submitting a registration form.
5. I understand and agree that if I desire to return to active practice, I must first obtain the Board's approval.
6. I understand that if I desire to return to active practice, I will be required to submit an application for re-licensure and meet all of the current licensure requirements.
7. I understand that any decision by the Board to authorize a return to active practice pursuant to my request will be discretionary at that time.

\_\_\_\_\_  
Non-certified Radiologic Technician'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:**  
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Austin, Texas 78701

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