



TEXAS PHYSICIAN ASSISTANT BOARD  
CANCELLATION BY REQUEST

Physician Assistant's Name \_\_\_\_\_  
(Please print)

PA License Number \_\_\_\_\_

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 hereby request that my Physician Assistant License, Number \_\_\_\_\_ be cancelled immediately.

I understand if my physician assistant permit has been expired for one year or longer, my license would be considered canceled, unless an investigation is pending. After closure of the investigation, the license shall be automatically cancelled for nonpayment of registration fees, late fees, and/or failure to timely submit registration forms.

I understand that by executing this affidavit, my license will be cancelled and I will no longer be able to exercise any rights or privileges as a Physician Assistant in Texas.

I understand that in order to reactivate the license following cancellation, I must file an application for relicensure and meet all requirements for licensure in effect at the time of application.

\_\_\_\_\_  
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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