



TEXAS BOARD OF RESPIRATORY CARE

AFFIDAVIT FOR RESPIRATORY CARE PRACTITIONER 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:

1. I have read and understand Board rule **187.17**, Inactive Certificate.
2. I hereby request that my Texas Respiratory Care Practitioner certificate, number RCP _____ be placed on inactive status.
3. I agree not to practice as a respiratory care practitioner in the State of Texas.
4. I understand and agree that if I desire to return to active practice, I must first obtain the Texas Board of Respiratory Care's ("Board") 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.
5. I understand that as long as I maintain my inactive status I will be exempt from payment of the annual registration fee. I also understand and agree that if I apply for and receive permission to resume an active certificate status, I will pay any required fees at that time.
6. I understand that if my certificate remains on an inactive status for 3 years, it will be automatically cancelled as if by request, per Board rule **187.17(d)**.

Respiratory Care Practitioner'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: _____

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