



TEXAS PHYSICIAN ASSISTANT BOARD

Physician Assistant's Name _____
(Please Print)

License Number _____

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 physician assistant license, number _____ be placed on official emeritus retired status.
2. To the best of my knowledge, I have never received a remedial plan or been the subject of disciplinary action by the Texas Physician Assistant Board.
3. To the best of my knowledge, I have no criminal history, including pending charges, indictment, conviction and/or deferred adjudication in Texas.
4. To the best of my knowledge, I have never held a license, registration or certification that has been restricted for cause, canceled for cause, suspended for cause, revoked or subject to another form of discipline in a state, or territory of the United States, a province of Canada, a uniformed service of the United States or other regulatory agency.
5. I agree not to practice as a physician assistant or engage in clinical activities in Texas.
6. I agree that I will not apply for licensure by reciprocal endorsement or any other method in any other state based upon my Texas physician assistant license.
7. I understand that as long as I maintain my retired status I will be exempt from payment of the biennial registration fee and the requirement of submitting a biennial registration form.
8. I understand and agree that if I desire to return to active practice, I must first obtain the Board's approval.
9. 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.
10. 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.

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: _____

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