



TEXAS MEDICAL BOARD

PERFUSIONIST REQUEST FOR RETIREMENT

Perfusionist's Name _____
(Please print)

Perfusionist Certificate Number _____
(Please print)

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 perfusionist license, _____, be placed on official retired status.
License Number
2. I agree not to practice perfusion or engage in clinical activities in this or any other state.
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 perfusionist license.
4. 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.
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 provide evidence of my competence at that time, including but not limited to completion of specified continuing education hours approved for Category 1 credits by a CE sponsor approved by the ABCP; limitation and/or exclusion of the practice of the applicant to specified activities of the practice as a perfusionist; remedial education; and/or such other remedial or restrictive conditions or requirements which, in the discretion of the board are necessary to ensure protection of the public and minimal competency of the applicant to safely practice as a perfusionist.
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.

Perfusionist'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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