



Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600

Austin, Texas 78701

Phone: (737) 363-2320

Fax: (512) 649-1658

RETIREMENT REQUEST FORM

Instructions: A Registered Dental Assistant may request to place their registration on a RETIRED status. The request for retirement is subject to the registration being valid and current. The Board shall deny a request to place a registration on retired status if there are any current or pending complaints or disciplinary actions against the registered dental assistant. The registration will be placed on retirement as of the date the request is date stamped received. Once staff have processed the retirement request, a letter will be sent via your online licensing account confirming the retirement status. This completed form may be submitted via email to licensinghelp@tsbde.texas.gov, fax to (512) 649-1658, or mailed to the address above.

Today's Date		Registration Number		Registration Expiration Date	
First Name		Middle Name		Last Name	
Phone Number		Email Address			
Current Address		City	State	Zip Code	
Is the address your mailing address? (✓) check one			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ATTESTATION

I am no longer practicing in Texas and request that the Texas State Board of Dental Examiners (TSBDE) place my registration in retired status. I understand that upon receipt of this request the TSBDE will process this request. In addition, I understand that I if decided to reactivate the registration that I must be in compliance with all applicable laws and rules at that time, and must obtain TSBDE approval.

SIGNATURE OF LICENSEE _____
DATE