Texas State Board of Dental Examiners
1801 Congress Avenue, Suite 8.600
Austin, Texas 78701
(737) 363-2320 / Fax: (512) 649-1658
Licensinghelp@tsbde.texas.gov

Retirement Request Form
(DDS and RDH Only)

Instructions: A licensee may request to place their license on a Retired Status up to 60 days prior to the license expiring. A request for retirement is subject to the license being in a current and in good standing. Prescription writing privileges with the Drug Enforcement Agency (DEA) may not be maintained during a retired status. Anesthesia permits issued to dentists will be removed from the license. Nitrous Oxide Monitoring endorsements for hygienists will be removed from the license. A licensee on retired status may not perform any activity regulated under Occupations Code. The license will be placed on retirement as of the date the request is dated stamped as received. Once staff have processed the retirement request, a letter will be sent via mail confirming the retirement status. **Please note: If you attempt to place your license on retirement after your license has expired, you will be required to pay past due fees and/or provide proof of compliance documents. There is no fee to place your license on retired status if your license is in an active status.**

Check (✓) one: □ DDS or □ RDH	License Number:	Social Security #*:		Date of Birth: MM / DD / YYYY
Last Name:		First Name		Middle
Current Address:		City:	State:	Zip
Daytime Phone #:		Email Address:		
Jurisprudence Completion Date:		BLS CPR Issue Date:		BLS CPR Expiration Date:

* Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

DENTISTS ONLY: Refer to Rule §108.8 Records of the Dentist, for complete details on the retention of patient records and/or the transfer of patient records. Dentists are required to report to the TSBDE the disposition of patient records within 15 days of a transfer. Please check (√) and complete one below; You may attach another sheet, if needed.

Transfer of Records Agreement: 22 TAC §108.8(e)(2); This agreement may be made at any time in an employment or other working relationship between a dentist and another entity eligible to accept dental records. Such transfer of records may apply to all or any part of the dental records generated in the course of the relationship. Please provide the full name(s) of the dentist(s) involved in the agreement, include the locations involved in the agreement, and specifically identify what records are involved.   □ Yes or □ No

Dental License Number of Transferee	Full Name	Location(s)	Record(s) Type

Records Management Agreement: 22 TAC §108.8(e)(3); A maintenance agreement shall not transfer ownership of the dental records, but shall require that the dental records be maintained in accordance with the laws and rules of the TSBDE. Provide full names of the dentists, locations, and what records are involved in the agreement.   □ Yes or □ No

Dental License Number of Manager	Full Name	Location(s)	Record(s) Type

Custodian of Records: 22 TAC § The designated custodian of records shall act as temporary or permanent custodian for the dentists in the event of the dentist's death, incapacity or abandonment of the records.
     a.   My designated custodian of records is a Texas licensed dentist;
         i. Provide the following;
	□ Yes or □ No

Dental License Number	Full Name	Location(s)

    b.   My designated custodian of records is **NOT** a Texas licensed dentist;
        i. Provide the following;

Full Name	Location(s)	Phone/Email

Attestation

I am no longer practicing in Texas and request that the Texas State Board of Dental Examiners (TSBDE) place my license in retired status. I understand that upon a request for reactivation I must comply with all applicable laws and rules at that time, and must obtain TSBDE approval.

_____   _____

         Signature   **Date**