GEORGIA COMPOSITE MEDICAL BOARD

2 Peachtree St., N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404. 656.3913 • Fax (404) 656-9723
http://www.medicalboard.georgia.gov E-Mail: Medbd@dch.ga.gov

APPLICATION FOR INACTIVE STATUS
Respiratory Care Professional

Fee for Inactive Status: $100.00

NAME: _____

ADDRESS: _____

_____

City **State** **Zip Code**

Phone Number: _____

LICENSE NUMBER: _____

INACTIVE STATUS REQUEST DATE: _____

You must return your certificate wallet identification card to the Board with your fee and inactive application.

360-13-.08: Inactive Status.

(1) A person who wishes to maintain his or her certificate as a Respiratory Care Professional, but who does not wish to practice respiratory care may apply to the Board for inactive status by submitting an inactive application and the applicable fee. An individual with an inactive certificate may not practice Respiratory Care in this State.

I understand that my certificate will become inactive and that I may not practice Respiratory Care in the State of Georgia once my inactive application and fee are received and processed by the Board.

_____ _____

Signature Date

An Equal Opportunity Employer

Revised: 6/2010