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
Orthotist & Prosthetist

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.

Pursuant to O.C.G.A. 43-34-67(c), The Board may grant inactive licensure status. A person who wishes to maintain his or her license as an Orthotist/Prosthetist, but who does not intend to practice as an Orthotist/Prosthetist may apply to the Board for inactive status by submitting an inactive application and the applicable fee. An individual with an inactive license may not practice in this State.

I understand that my license will become inactive and that I may not practice as an Orthotist/Prosthetist 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