GEORGIA COMPOSITE MEDICAL BOARD

2 Peachtree St., N.W., 6th 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
Physician

Fee for Inactive Status: $200.00

NAME: _____

ADDRESS: _____

_____

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

Phone Number: _____

LICENSE NUMBER: _____

INACTIVE STATUS REQUEST DATE: _____
(Request will be processed on date received)

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

Board Rule 360-2-.06: Inactive Status. Amended.

A licensee who wishes to maintain his or her license but who does not wish to practice medicine and surgery in this State may apply to the Board for inactive status by submitting an inactive application and the applicable fee. A licensee with an inactive license may not practice medicine in this State.

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

_____ _____

Signature Date

Revised: 4-2021