

## INACTIVE STATUS REQUEST

USE THIS FORM ONLY IF YOU WANT TO PLACE YOUR LICENSE IN INACTIVE STATUS

(Does not apply to the following license types: Cosmetic Laser and Perfusion)

Name: \_\_\_\_\_

License Type: \_\_\_\_\_

License #: \_\_\_\_\_

**Inactive Fee:**

\$200 for physicians

\$100 for all other professions

Sign and print your name as indicated below, mail this form, along with your payment of and your current wallet ID card (*if available*), to the Board at the address below. **Your inactive status request must be postmarked by your license expiration date.**

**Georgia Composite Medical Board**

**Attn: Operations Unit**

**2 MLK Jr. Drive SE**

**East Tower, 11th Floor**

**Atlanta, GA 30334**

I do not wish to renew my license and want to apply for Inactive Status. **I understand that I will no longer hold an active license to practice in the State of Georgia and may no longer practice.** I have enclosed my payment of the Inactive Request Fee (as indicated above).

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_