Georgia Composite Medical Board

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913 • E-Mail: Medbd@dch.ga.gov
Website: www.medicalboard.georgia.gov

APPLICATION FOR INACTIVE STATUS
Genetic Counselors

Fee for Inactive Status: $100.00

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 360-39-.06 Inactive Status

(1) A person who notifies the board on forms prescribed thereby may elect to place his or her license on an inactive status and shall, subject to rules of the board, be excused from payment of restoration fees until he or she notifies the board of his or her desire to resume active status. 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: 11-16-2022