

<http://www.medicalboard.georgia.gov>

E-Mail: [Medbd@dch.ga.gov](mailto:Medbd@dch.ga.gov)

## Physician Assistant

NAME: \_\_\_\_\_

**ADDRESS:**

City	State	Zip Code
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**Phone Number:** \_\_\_\_\_

**LICENSE NUMBER:**

**INACTIVE STATUS REQUEST DATE:** \_\_\_\_\_

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

Pursuant to O.C.G.A. 43-34-103, the Board may grant inactive status. A person who wishes to maintain his or her license as a Physician Assistant, but who does not intend to practice as a Physicians Assistant 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 a Physician Assistant in the State of Georgia once my inactive application and fee are received and processed by the Board.

Signature

Date \_\_\_\_\_

## INACTIVE STATUS APPLICATION FORM