

GEORGIA COMPOSITE MEDICAL BOARD



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<http://www.medicalboard.georgia.gov> E-Mail: Medbd@dch.ga.gov

APPLICATION FOR INACTIVE STATUS Physician Assistant

Fee for Inactive Status: **\$100.00**

NAME: _____

ADDRESS: _____

City

State

Zip Code

Phone Number: _____

LICENSE NUMBER: _____

INACTIVE STATUS REQUEST DATE: _____

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

Pursuan 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 Physician 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