



Rhode Island Department of Health  
 Licensing Data Entry Unit  
 3 Capitol Hill - Room 103  
 Providence, RI 02908-5097  
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 Fax: (401) 222-6683  
 doh.elicense@health.ri.gov

## Request for Inactive Status

**Note: this form only applies to the types listed below. If you do not see your license type listed below you cannot use this form.**

Information and Instructions:

Please Print

- Please complete and sign this form and either fax or mail to the fax number or address provided above. Please keep a copy of this for your records.
- There is no fee to be placed on Inactive Status.
- You cannot practice in the state of Rhode Island while on this status.
- If you wish to reactivate your license please contact your Licensing Board. To obtain Board contact information please visit our website at: <http://www.health.ri.gov/licenses>

Mark with an (X) the License Type you wish to place on Inactive Status:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Allopathic Physician (MD)   | <input type="checkbox"/> Mental Health Counselor          | <input type="checkbox"/> Physician Assistant           | <input type="checkbox"/> Speech Lang. Pathologist |
| <input type="checkbox"/> APRN                        | <input type="checkbox"/> Music Therapist                  | <input type="checkbox"/> Practical Nurse               |   |
| <input type="checkbox"/> Audiologist                 | <input type="checkbox"/> Occupational Therapist           | <input type="checkbox"/> Psychologist                  |   |
| <input type="checkbox"/> Lactation Consultant        | <input type="checkbox"/> Occupational Therapist Assistant | <input type="checkbox"/> Registered Nurse              |   |
| <input type="checkbox"/> Marriage & Family Therapist | <input type="checkbox"/> Osteopathic Physician (DO)       | <input type="checkbox"/> Respiratory Care Practitioner |   |

- |   |  |
|---|--|
| <input type="checkbox"/> Dentist          | Please use this form if you are changing status from Active to Inactive and you are <b>NOT</b> in the renewal period. Renewal period is from April through June 30th of even years. If you wish to go Inactive during this time you <b>MUST</b> renew online and pay the Inactive Fee. |
| <input type="checkbox"/> Dental Hygienist |  |

Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
First Name    Middle    Last Name

Home Address: \_\_\_\_\_ Home Phone No. \_(\_\_\_\_)\_\_\_\_\_

Address Line 1

\_\_\_\_\_ Home Fax No. \_(\_\_\_\_)\_\_\_\_\_

Address Line 2

\_\_\_\_\_ Email \_\_\_\_\_

Address Line 3

\_\_\_\_\_

Address Line 4

Work Address: \_\_\_\_\_ Work Phone No. \_(\_\_\_\_)\_\_\_\_\_

Address Line 1

\_\_\_\_\_ Work Fax No. \_(\_\_\_\_)\_\_\_\_\_

Address Line 2

\_\_\_\_\_ Email \_\_\_\_\_

Address Line 3

\_\_\_\_\_

Address Line 4

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date