

## **Request for Inactive Status**

Rhode Island Department of Health Licensing Data Entry Unit 3 Capitol Hill - Room 103 Providence, RI 02908-5097

> Phone: (401) 222-1800 Fax: (401) 222-6683 doh.elicense@health.ri.gov

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

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:

• Please complete and sign this form and either fax or mail to the fax number

http://www.health.ri.gov/licenses	
Mark with an (X) the License Type you wish to place on Inactive Status:  Allopathic Physician (MD)  Lactation Consultant  Occupational Therapist Assistant  Registered Note April Dentist  Applied Behavior Analyst  Mental Health Counselor  Applied Behavior Assistant Analyst  Music Therapist  Practical Nurse  Practical Nurse  Occupational Therapist  Practical Nurse  Practical Nurse  Practical Nurse  Practical Nurse  Please use this form if you are changing status from Active to Inactive and you are NOT in the renewal per newal period is from April through June 30th of even years. If you wish to go Inactive during this time you online and pay the Inactive Fee.  Public Health Dental Hygienist  DAANCE - Maxillofacial Surgery Dental Assistant	Pathologist eriod. Re-
Name: License Number: License Number:	
Home Address:	
Work Address:    Address Line 1	