



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

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

- | | |
|---|--|
| <input type="checkbox"/> Dentist | Please use this form if you are changing status from Active to Inactive and you are NOT 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 MUST renew online and pay the Inactive Fee. |
| <input type="checkbox"/> Dental Hygienist | |
| <input type="checkbox"/> Public Health Dental Hygienist | |
- DAANCE - Maxillofacial Surgery Dental Assistant

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