APPLICATION FOR INACTIVE STATUS

Board Regulations: 243 CMR 2.06 (3)(a)

Name: _____
(Last) (First) (Initial)

License Registration Number: _____

Is your license current? ☐ Yes ☐ No

A licensee must make their request in writing to the Board and certify that he/she will not practice medicine in Massachusetts. Please make such a request below:

I, _____ hereby request inactive status. I certify that I (print name)

will not practice medicine in Massachusetts.

Signed:_____

Mailing
Address:_____

_____
(City) (State) (Zip code)

NOTE: Inactive licensees are required to renew their inactive license every renewal cycle.

Please submit your active wallet size license with this form. A licensee who is inactive is exempt from the continuing medical education requirements set forth in 243 CMR 2.06(5) and it is not required to have liability coverage.