**Commonwealth of Massachusetts**

**Board of Registration in Medicine**

**178 Albion Street, Suite 330, Wakefield, MA 01880**

**(781) 876-8210**

[**www.mass.gov/massmedboard**](http://www.mass.gov/massmedboard)

# APPLICATION FOR INACTIVE STATUS

Board Regulations: 243 CMR 2.06 (3)

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**.

(print name)

I certify that I **will not practice** medicine in Massachusetts.

Signed:

Mailing Address:

(City) (State) (Zip code)

Email Address:

 **(**Required)

**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(6) and is not required to have liability coverage.**

**PLEASE RETURN THIS COMPLETED APPLICATION TO THE BOARD’S RENEWALS COORDINATOR AT THE ADDRESS LISTED ABOVE.**