GEORGIA COMPOSITE MEDICAL BOARD

2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303
Office: (404) 656-3913
Fax: (404) 656-9723

APPLICATION FOR INACTIVE STATUS
ORTHOTIST & PROSTHETIST

Fee for Inactive Status: $40.00

NAME: _____

ADDRESS: _____

_____

City **State** **Zip**

License No. _____

Inactive Status Request Date: _____

You must return your wallet identification card to the Board with your fee and application.

Pursuant to OCGA 43-34-67(c), the Board may grant inactive licensure status. A person who wishes to maintain his or her license as an Orthotist or Prosthetist , but who does not intend to practice as an Orthotist or Prosthetist may apply to the Board for inactive status by submitting an application and the fee. An individual with an inactive license may not practice in this State.

I understand that my license will become inactive and that I may not practice as an Orthotist or Prosthetist in the State of Georgia once my application and fee are received by the Board.

_____ _____

Signature **Date**