



GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

2 Peachtree Street, N.W., 36th Floor

Atlanta, GA 30303

Office: (404) 656-3913

Fax: (404) 656-9723

**APPLICATION FOR INACTIVE STATUS
ORTHOTIST/PROSTHETIST
ORTHOTIST & PROSTHETIST**

Fee for Inactive Status: **\$100.00**

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