APPLICATION FOR INACTIVE STATUS LICENSURE

NAME: _____ License #_____

ADDRESS: _____

PHONE (W) _____ (H) _____

I hereby request that my license to practice optometry in Maryland be placed on inactive status. I will adhere to all regulations governing the status of inactive licensure and the regulations governing the reinstatement of inactive status licensure to active status licensure, COMAR 10.28.05.02

I am aware that while I am on inactive status licensure, I may not practice optometry in the State of Maryland.

_____ _____

Signature of licensee Date

Subscribed and sworn to before me this _____ day of _____

_____

Notary Public

My commission expires _____

A FEE OF $250 MUST ACCOMPANY THIS APPLICATION