



Request for Inactive Status

Rhode Island Department of Health
Licensing Data Entry Unit
Room 105A
3 Capitol Hill
Providence, RI 02908-5097
Phone: 401-222-1800
Fax: 401-222-1751
elicense@health.ri.gov

Note: This form only applies to Dentists and Dental Hygienists

Information and
Instructions:

Please Print

- Please complete and sign this form and either fax or mail to the fax number or address provided above. Please keep a copy of this for your records.
 - There is **a fee** to be placed on Inactive Status, as indicated below.
 - You cannot practice in the State of Rhode Island while on this status.
 - If you wish to reactivate your license please contact the Rhode Island Board of Dental Examiners.
- *Please note: standard renewal fees will apply at the time of reactivation.**

Mark with an (X) the License Type you wish to place on Inactive Status:

Dentist (\$220.00)

Dental Hygienist (\$40.00)

Name: _____
First Name Middle Last Name

License Number: _____

Home Address: _____

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Home Phone Number: () -

Home Fax Number: () -

Home Email : _____

Work Address: _____

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Work Phone Number: () -

Work Fax Number: () -

Work Email : _____

Signature

Date