Request for Inactive Status

Rhode Island Department of Health
Licensing Data Entry Unit
3 Capitol Hill - Room 103
Providence, RI 02908-5097
Phone: (401) 222-1800
Fax: (401) 222-6683
doh.elicense@health.ri.gov

Note: this form only applies to the types listed below. If you do not see your license type listed below you cannot use this form.

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 no fee to be placed on Inactive Status.
- You cannot practice in the state of Rhode Island while on this status.
- If you wish to reactivate your license please contact your Licensing Board. To obtain Board contact information please visit our website at: http://www.health.ri.gov/licenses

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

- ☐ Allopathic Physician (MD)
- ☐ APRN
- ☐ Applied Behavior Analyst
- ☐ Applied Behavior Assistant Analyst
- ☐ Audiologist
- ☐ Lactation Consultant
- ☐ Marriage & Family Therapist
- ☐ Mental Health Counselor
- ☐ Music Therapist
- ☐ Occupational Therapist
- ☐ Occupational Therapist Assistant
- ☐ Osteopathic Physician (DO)
- ☐ Physician Assistant
- ☐ Practical Nurse
- ☐ Psychologist
- ☐ Registered Nurse
- ☐ Respiratory Care Practitioner
- ☐ Speech Lang. Pathologist

- ☐ Dentist
- ☐ Dental Hygienist
- ☐ Public Health Dental Hygienist
- ☐ DAANCE - Maxillofacial Surgery Dental Assistant

Please use this form if you are changing status from Active to Inactive and you are **NOT** in the renewal period. Renewal period is from April through June 30th of even years. If you wish to go Inactive during this time you **MUST** renew online and pay the Inactive Fee.

Name: _____ License Number: _____
First Name Middle Last Name

Home Address: _____ Home Phone No. _(_____)_____
Address Line 1

_____ Home Fax No. _(_____)_____
Address Line 2

_____ Email _____
Address Line 3

_____
Address Line 4

Work Address: _____ Work Phone No. _(_____)_____
Address Line 1

_____ Work Fax No. _(_____)_____
Address Line 2

_____ Email _____
Address Line 3

_____
Address Line 4

_____ _____
Signature Date