FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt # _____

FOR BOARD USE ONLY
Certificate Number _____
Date Issued _____
Applicant No. _____

GEORGIA STATE BOARD OF PODIATRY
237 Coliseum Drive * Macon, Georgia 31217-3858 * (404) 424-9966
http://sos.ga.gov/index.php/licensing/plb/41

APPLICATION TO REQUEST INACTIVE STATUS

(No Fee Required)

PART I – PERSONAL INFORMATION

Name as desired on license: _____
Last **First** **Middle** **Maiden**

Name on license (if different):

_____
Last ***First*** ***Middle*** ***Maiden***

Physical Address: _____
(Street) **(Apt. #)** **(City/State/Zip Code)**
P.O. Box not acceptable

Mailing Address: _____
(Street) **(Apt. #)** **(City/State/Zip Code)**

Social Security Number*: _____- _____-_____ Georgia License Number: POD_____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A.1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes

Date of Birth: _____/____/_____ 8. E-Mail Address: _____ Gender: Male_____ Female_____

_____ _____ _____
Telephone Number Day **Telephone Number (Cell)** **Telephone Number Evening**

PART II – STATEMENT OF APPLICANT

Reason(s) for placing license on inactive status:

_____
_____
_____
_____
_____