



GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive * Macon, Georgia 31217-3858

Phone: (404) 424 - 9966 * <https://sos.ga.gov/index.php/licensing/plb/33>

REQUEST FOR INACTIVE STATUS

Application Fee: **None**

- Submit the application by mail to the address above or in a PDF format by email to PLB-Healthcare2@sos.ga.gov. A licensee, while on inactive status, shall not practice massage therapy in Georgia or hold themselves out to the public to be a massage therapist in Georgia.
- For reactivation of a license that has been inactive for two (2) years or less, the licensee must submit a reactivation application, a fee in accordance with the fee schedule, and proof of Continuing Education hours for consideration by the Board. Reactivation of a license is at the sole discretion of the Board.
- For licenses that have been inactive for more than two (2) years, you must file a Reinstatement Application in accordance with Board rule 345-4-.05. Reinstatement of a license is at the sole discretion of the Board.
- Twenty-four (24) hours of Board approved Continuing Education hours must be obtained within one (1) year prior to the date of the reactivation or reinstatement application (Board rule 345-4-.02).
- Refer to Board Rule 345-4-.04 Inactive Status for additional information on reinstatement of an inactive status massage therapy license.

PERSONAL DATA (Please print or type)

NAME: _____
 Last First Middle Maiden
 Middle First

LICENSE NUMBER: MT _____ EXPIRATION DATE: _____

DATE OF BIRTH: _____ SSN: _____ MALE ___ FEMALE ___

PHYSICAL ADDRESS: _____
 Street (P.O. Box **not** acceptable) City State Zip Code

MAILING ADDRESS: _____
 Street (P.O. Box Acceptable) City State Zip Code

TELEPHONE NUMBER: _____ TELEPHONE NUMBER: _____
 (Day) (Evening)

AFFIDAVIT

I hereby attest that I am currently the holder of Massage Therapy License Number _____. I request that this license be placed on inactive status. I will not practice massage therapy in Georgia or hold myself out to the public as a massage therapist in Georgia for the period during which this license is on inactive status and until such time as the Board has approved my application to reactivate or reinstate this license.

_____/_____/_____
 Date Signature of Licensee *E-Mail Address

*Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

Sworn to and subscribed before me this _____ day of _____, 20____

(NOTARY SEAL)

 Notary Public
 My Commission expires _____