



**STATE OF TENNESSEE
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243**

**TENNESSEE BOARD OF MEDICAL EXAMINERS
(800)778-4123, ext. 532-4384 or (615)532-3202, ext. 532-3484**

INSTRUCTIONS FOR INACTIVATION OF A MEDICAL LICENSE

Licensees not actively engaged in the practice of medicine in Tennessee who wish to maintain their license on inactive status, and who are actively engaged in the practice of medicine in another state, may inactivate their license by doing the following:

1. Complete, have notarized, and mail in the following Inactivation Form;
2. Pay the licensure inactivation fee of \$50.00;
3. Submit or cause to be submitted the equivalent of a Tennessee Certificate of Endorsement from licensing board in each state in which the applicant is actively practicing which indicates the applicant holds an active, current medical license and whether it is in good standing; and
4. Comply with the licensure renewal rules provided in Rule 0880-02-.09.

Upon the successful application for inactivation of a license, with the completion and receipt of all proper documentation to the Board's satisfaction, the Board shall grant such applicant a license designated on its face in bold print as "inactive". No holder of an inactive license may engage in the active practice of medicine in Tennessee. The inactivation of a license is distinguished from an inactive volunteer license in that the latter allows the practice of medicine in Tennessee but only as provided by T.C.A. § 63-6-230.



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INACTIVATION
FROM PRACTICE IN TENNESSEE

PLEASE TYPE OR PRINT ALL INFORMATION IN INK

I, _____
(Last Name) (First Name) (Middle Name)

of _____
(Street Address) (Apt.#) (City) (State) (Zip)

SOCIAL SECURITY # _____ HOME PHONE # (____) _____

WHO IS LICENSED TO PRACTICE AS A _____
(Give The Title of Your License)

IN TENNESSEE UNDER THE LICENSE NUMBER _____ ISSUED ON _____
(Month) (Day) (Year)

DO SOLEMNLY SWEAR THAT I HAVE AN ACTIVE LICENSE IN THE STATE(S) OF _____

AND WISH TO INACTIVATE MY TENNESSEE MEDICAL LICENSE ON THIS DATE _____
(Month) (Day) (Year)

Signature of Licensee

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

AT _____
(City) (State)

NOTARY SEAL NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____