

MARYLAND BOARD OF PHYSICIANS
P.O. BOX 37217
BALTIMORE, MD 21297
410-764-4777; 1-800-492-6836
www.mbp.state.md.us

APPLICATION FOR INACTIVE STATUS

Instructions and Important Information for Completing the Inactive Status Application

Eligibility: To apply for inactive status, a licensee must have an active license in good standing. Licensees with expired licenses or licenses not in good standing are not eligible to apply for inactive status.

To ensure that the Board receives your application before your license expires, please mail the application to the Board at least 7-10 days prior to the expiration of the license. Applications received after the 9/30 expiration date will not be processed and NO refunds will be given if the application is not timely.

1. **Submit a Complete Application:** A complete application consists of the following:
 - a. A completed, signed and notarized application;
 - b. A check or money order for **\$50.00** made payable to the Maryland Board of Physicians and mailed to:

Maryland Board of Physicians
P.O. Box 37217
Baltimore, MD 21297
2. **Disciplinary Proceeding:** An inactive license does not deprive the Board of its authority to institute or continue a disciplinary proceeding against a licensee.
3. **Reinstatement of Maryland Medical Licensure:** A physician whose license is on inactive status and who wishes to resume the practice of medicine in Maryland shall apply for reinstatement on a form supplied by the Board and meet all the requirements for reinstatement, including those for continuing medical education.
4. **Change of Name/Address:** Each licensee (including those on inactive status) must notify the Board in writing of any name or address within 60 days of the change. Failure to do so may subject you to an administrative penalty of \$100.00. (Health Occupations Article, §14-316(f), Annotated Code of Maryland)
5. **Practicing Medicine Without a License:** A physician who does not have an active license is not authorized to practice medicine in Maryland. Any person who practices medicine in Maryland without an active license is subject to a civil fine of not more than \$50,000.00 to be levied by the Board. (Health Occupations Article, §§14-601, 606, Annotated Code of Maryland)
6. **Certification:** Read carefully each item of the certification on the application.
7. **Affidavit of Applicant:** Complete this section in front of a notary public. Make sure you and the notary public have completed this section accurately and completely.

The Maryland Board of Physicians supports the Americans with Disabilities Act and will provide this material in an alternative format to facilitate effective communication with sensory impaired individuals (for example, Braille, large print, audio tape). If you need such accommodation, please notify the Board ADA designee, Yemisi Koya at (410)764-4777 or 1-800-492-6836. For the hearing impaired, please contact the Maryland Relay Services TTY/Voice number at 1-800-735-2258. If you have a complaint concerning the Board's compliance with the ADA, please contact Ms. Koya.

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FOR BANK USE ONLY	
Date	_____
Check Number	_____
Amt Paid	_____
Name Code	_____
App ID: 43	
Fee: \$50	

APPLICATION FOR INACTIVE STATUS

1. Maryland Medical License Number:

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2. Identifying and Contact Information:

Last Name:		First Name:	
Middle Name/Initial:		Maiden Name:	
Date of Birth:		Home Phone Number:	
Cell Phone Number:		Email Address:	

3. Address

Facility Name:		
Street Address:		
City:	State:	Zip Code:

4. Allied Health Professionals Supervised, if applicable. List the allied health professionals you supervise or with whom you have a delegation agreement or evaluation and treatment protocol. If you need more space, please attach a separate sheet. Sign and date each sheet you attach.

Name of Allied Health Professional	License Number	Profession

5. Certification: Please read this section carefully before signing your name.

I understand that:

- a. A licensee with an inactive license may not practice medicine in Maryland, prescribe medication in Maryland, or conduct peer reviews of physicians in Maryland.
- b. A person may not practice medicine in Maryland without an active medical license pursuant to Health Occupations Article, §§14-601, 606, Annotated Code of Maryland. Any person who violates this provision is subject to a civil fine not to exceed \$50,000.00
- c. The inactive status of a license holder does not deprive the Board of its authority to institute or continue a disciplinary proceeding against a licensee.
- d. Upon issuance of inactive status, the physician's permit to dispense prescription drugs will lapse. The physician must return the permit along with this application, if applicable..
- e. A licensee on inactive status must notify the Board in writing of any change in name or address within 60 days of the change. Failure to do so may subject you to an administrative penalty of \$100.00. (Health Occupations Article, §14-316 (f), Annotated Code of Maryland). Address changes may be done through the Board's website. Go to this web address for instructions on how to change your address through the Board's website. https://www.mbp.state.md.us/forms/ah_chg_adr.pdf. To change your name on your license, go to this web address on the Board's website https://www.mbp.state.md.us/forms/name_chng.pdf and download a name change application.
- f. A licensee on inactive status is required to inform the Board by electronic or first class mail of any circumstances listed in Code of Maryland Regulation 10.32.01.03H (1) and (2) within 30 days of the occurrence of or notification about the circumstances.
- g. A physician whose license is on inactive status and who wishes to resume the practice of medicine in Maryland must apply for reinstatement on a form supplied by the Board and meet all the requirements, including continuing medical education.
- h. An inactive licensee may be denied restoration of active status subject to the hearing provisions of Health Occupations Article, §14-405, Annotated Code of Maryland, and subject to any of the grounds listed in Health Occupations Article, §14-404, Annotated Code of Maryland.

I certify that the information in this application is true and accurate to the best of my knowledge.

Physician's Signature

Date

Affidavit of Applicant (This section must be completed in front of a notary public):

_____, of _____
Physician's Name Printed

(county, city, state, country)

Notary Public's Name Printed

Notary Public's Signature

Notary Public's Commission Expires on

Date of Notarization

NOTARY SEAL