

APPLICATION FOR INACTIVE STATUS

GEORGIA BOARD OF DENTISTRY

2 MLK Jr. Drive, SE, 11th Floor

East Tower

Atlanta, Georgia 30334

www.gbd.georgia.gov

Please read the instructions carefully and be familiar with the **laws and rules** governing the practice of dentistry in the State of Georgia. Visit the following web site for information:

www.gbd.georgia.gov

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

A LICENSE MUST BE IN AN “ACTIVE” STATUS BEFORE APPLYING FOR “INACTIVE” STATUS. IF YOUR LICENSE HAS “LAPSED” AND YOU WANT TO APPLY FOR “INACTIVE” STATUS, YOU MUST FIRST APPLY FOR REINSTATEMENT. ONCE YOUR LICENSE HAS BEEN APPROVED FOR REINSTATEMENT YOU CAN APPLY FOR “INACTIVE” STATUS.

Please review the following rule of the Georgia Board of Dentistry:

150-3-.07 Inactive Licensure Status. Amended

A licensee may apply for inactive licensure status under the following conditions:

- (a) A dentist or dental hygienist who holds an active license in the state of Georgia may apply to the Board for inactive status by submitting the required form and paying the proper fee.
- (b) A licensee granted inactive status is exempt from the payment of the biennial renewal fee and continuing education requirement.
- (c) A person holding an inactive license may not practice dentistry or dental hygiene in this state.
- (d) A dentist or dental hygienist holding an inactive license may apply for reinstatement by following the Board’s reinstatement policy.



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Atlanta, GA 30334

(404) 651-8000

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Do Not Write in this Section:

Receipt#: _____

Amount: _____

Applicant#: _____

Initials/Date: _____

Application For Inactive Status

Application Fee of \$50 Dentist / Application Fee of \$25 Dental Hygienist

Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20

Name As It Appears On License: _____

License Number: _____

Social Security Number: _____ Date of Birth: _____

Physical Address: _____
Street City State Zip

Mailing Address (if different): _____
Street City State Zip

Telephone Number: _____ Alternate Telephone Number: _____

Email Address: _____

1. Are you aware of any complaints, lawsuits, or disciplinary actions pending before any governing body or adjudicatory body at this time? Yes No
If yes, please include a letter of explanation, along with any pertinent documentation, regarding the matter with your application.

2. If your license is placed on inactive status, please provide a written statement as to what you plan on doing with the patient records:

Affidavit: I hereby attest that I am currently the holder of the dental/dental hygiene license listed above and request that this license be placed on inactive status. While on inactive status, I will not in any way indicate or imply that I hold an active Georgia license or that I am practicing as a dentist/dental hygienist.

Date: _____ Signature of Licensee _____

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

Notary Public _____

Notary Seal

My Commission Expires: _____