Please read the instructions carefully and be familiar with the laws and rules governing the practice of pharmacy in the State of Georgia. Visit the following website for information:

www.qbp.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 Pharmacy:

480-3-.02 Inactive License.
(1) Pharmacists who wish to have their license placed on inactive status may do so by requesting such status in writing, with an explanation of the request, to the Board. Pharmacists requesting inactive status must have an active license in good standing which includes meeting the continuing education requirements as outlined in Board Policy.
(a) Pharmacists who wish to retain their license may apply for an inactive status as outlined in 480-3-.02(1). Pharmacists holding an inactive license may not practice pharmacy. An individual with an inactive license does not have to meet the continuing education requirements for subsequent renewal periods.
(2) Pharmacists who wish to reactivate their license must complete and submit the proper application and meet the requirements of the Board for reactivation as set forth in Board Policy.
Application For Inactive Status

Name As It Appears On License: ________________________________

License Number: ____________________________________________

Social Security Number: ___________ Date of Birth: ________________

Physical Address: ____________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Mailing Address (if different): ____________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Telephone Number: ___________ Alternate Telephone Number: ___________

Email Address: _______________________________________________________

Explanation of Request for Inactive Status: ______________________________

______________________________________________________________
Affidavit: I hereby attest that I am currently the holder of a pharmacist 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.

Date: ___________ Signature of Licensee ________________________________

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

Notary Public___________________________ Notary Seal

My Commission Expires: ________________