

**NC Medical Board
PO Box 20007
Raleigh, NC 27619**

Conversion of Full License to Retired Volunteer License

To: North Carolina Medical Board

By submission of this form I wish to convert my full North Carolina medical license to a Retired Volunteer License. By my signature below, I certify that I have no expectation of payment or compensation for any medical services I render pursuant to the Limited Volunteer License, if granted by the Board. I certify that I shall not receive or accept any compensation or payment, direct, monetary, in-kind, or otherwise, for the provision of medical services pursuant to the Limited Volunteer License. I understand I will be required to comply with Continuing Medical Education requirements as required by NC General Statute 90-14 (a)(15). I understand the Limited Volunteer License allows me to practice medicine and surgery only at clinics that specialize in the treatment of indigent patients.

I propose to practice in the following location(s):

Full Name (Printed)

Social Security Number

Signature

Date