

## CONVERSION OF FULL LICENSE TO RETIRED VOLUNTEER LICENSE

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 Retired Volunteer License, if granted the NC Medical 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 Retired 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 Retired Volunteer License allows me to practice medicine and surgery only at clinics that specialize in the treatment of indigent patients.

**I propose to practice at the following indigent clinic(s):**

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\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date