



## License Inactivation Form

To request inactive status of your NC Medical Board license, please complete this form and return by e-mail, fax or US mail to:

North Carolina Medical Board  
PO Box 20007  
Raleigh, NC 27619-0007  
Attn: Registration Coordinator

Fax: 919-326-1131

Email: [Registration@ncmedboard.org](mailto:Registration@ncmedboard.org)

Name: \_\_\_\_\_ License # \_\_\_\_\_  
(Print Name)

To: North Carolina Medical Board, Renewal Coordinator

Please place my North Carolina Medical License on inactive status effective \_\_\_\_\_. I understand that I cannot practice medicine or surgery, diagnose, treat, or prescribe in North Carolina while my license is inactive.

Licensee's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inactive status requires neither annual renewal nor payment of additional renewal fees. Renewal fees already paid are non refundable.