



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

INACTIVE STATUS FORM

Check One:

_____ Speech-Language Pathologist
_____ Audiologist
_____ Speech-Language Pathology Assistant
_____ Hearing Aid Dispenser
_____ Music Therapist

License Number: _____ License Type: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ - _____ Email: _____

Race/Ethnic Identification – Please check all that apply :

Are you of Hispanic or Latin origin? _____ Yes _____ No

American Indian/Alaska Native _____ Asian _____ Black/African American _____

Native Hawaiian/Pacific Islander _____ White _____ Other _____

Submit this form via online submission, and pay the \$25 fee via the link provided. Please attach the credit card payment receipt to this application.

Signature

Date

*Please note that upon Board approval, the licensee will remain in inactive status for two years. You will receive a notice 60 days prior to the expiration of your inactive status, with instructions on how to renew your inactive status or how to reinstate your license.

Revised February 2022