

INACTIVE STATUS ONLINE PAYMENT INSTRUCTIONS

Download and save a copy of the form

1. Complete all required fields, this is a word fillable document.
2. Save a copy of the completed form to be emailed to the Board
3. To pay online fee of **\$250.00** (Payment Link=> [PAY INACTIVE STATUS FEE](#)) *This fee is nonrefundable.*
4. After payment, print a digital copy of the confirmation receipt.
Tip: Right -Click/Print as a PDF.
5. Email a copy of the completed form and confirmation receipt to
mdh.optomery@maryland.gov. In the subject line include **“Inactive Status Request”**
6. Request will not be processed without completed form and a copy of confirmation receipt.



Maryland

DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

APPLICATION FOR INACTIVE LICENSURE STATUS

Name of Licensee: _____ License Number: _____

Address: _____

City _____ State _____ Zip code _____

Telephone Number: (W) _____ (H) _____

Email Address: _____

Effective Date of Inactive Status: _____

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained herein are true and correct to the best of his or her knowledge and belief; that he or she has suppressed any information that might affect this application; that he or she will abide by the ethical standards and conduct of this profession; and has read and understands this affidavit.

I am aware that while I am on inactive status licensure, I may not practice optometry in the State of Maryland.

Signature of licensee

Date

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Public

My commission expires _____

A paid credit card receipt for \$250.00 must accompany the application.
see payment information sheet for payment instructions