

## 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](mailto: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 · Laura Herrera Scott, M.D., M.P.H., Secretary

### APPLICATION FOR INACTIVE LICENSURE STATUS

Name of Licensee: \_\_\_\_\_ License Number: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Email Address: \_\_\_\_\_

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*