



PHYSICIAN ASSISTANT BOARD

2005 Evergreen Street, Suite 1100, Sacramento, CA 95815
 P (916) 561-8780 Fax (916) 263-2671 web: www.pac.ca.gov



REQUEST FOR INACTIVE LICENSE STATUS

Title 16, California Code of Regulations (CCR) section 1399.619 permits a licensee who is not actively performing medical services in the State of California to maintain licensure in a non-practicing, inactive status.

Complete this form if you have submitted the renewal application, paid all applicable fees and cannot comply with the continuing medical education (CME) requirements as set forth in CCR section 1399.615.

Name		License Number PA
Address of Record (include any applicable suite or apt number)		
Email (for office use only)	Telephone Number	

- If the license is currently delinquent, suspended, revoked or otherwise restricted by the Board, an inactive status cannot be granted. Please contact the Board for additional information.
- Inactivating a license does not change the license expiration date and the renewal fee of \$300. **There are no renewal fee exemptions for an inactive license.**
- Effective July 1, 2017 licensees who renew in an inactive status are exempt from paying the CURES fee of \$12 as specified in Section 208 of the Business and Professions Code.
- Failure to renew an inactive license will result in a delinquent status. A license that has been delinquent for five years and a day will be cancelled.
- If you are renewing at the same time as you apply for an inactive status you must submit:
 - * A renewal application;
 - * All applicable renewal fees; and,
 - * Request for inactive status form.
- Inactive status allows:
 - * The licensee exemption of the CME requirements as specified in CCR section 1399.615.
 - * The Board to maintain its authority to institute or continue any disciplinary or enforcement action against a licensee.
- To restore an inactive license to active status:
 - * Submit a renewal application (if applicable);
 - * Pay all applicable renewal fees (please contact the board for payment amount);
 - * Complete CME requirements as specified in CCR section 1399.615; and,
 - * Submit proof of CME compliance with application.

REMEMBER: If you hold an inactive license, you cannot engage in any activity in California for which an active physician assistant license is required.

I certify under penalty of perjury under the laws of the State of California, that the information contained in this application, including supporting documents, is true and correct and that I am licensed to practice as a PA in California.

Signature _____ Date _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION: All items in this application are mandatory, none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 3519 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practice Act. The Executive Officer is the custodian of records.

OFFICE USE ONLY	Approved	Date	Breeze Operator	Date Entered
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