



**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

California Code of Regulations 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.

If your California physician assistant license is currently suspended, revoked or otherwise restricted by the Board, an inactive status cannot be granted.

NAME (PRINT OR TYPE)		TELEPHONE NUMBER	LICENSE NUMBER PA-	OFFICE USE ONLY ____ Updated ____ Date __ CAS
ADDRESS OF RECORD (CURRENT PUBLIC/MAILING ADDRESS)				
NUMBER	STREET	SUITE	CITY	STATE ZIP CODE

Inactivating a license does not change its expiration date and the renewal fee is the same as the fee for an active license. There are no fee exemptions for inactive licenses. An inactive license shall be renewed during the same time period in which an active license is renewed.

If you are renewing at the same time as you apply for an inactive status, you must submit the full renewal fee with this application.

If the license is delinquent, a payment of all accrued renewal fees and delinquency fee must be submitted.

If your physician assistant license has not expired, no fee is required at this time.

You will be exempt from complying with the Continuing Medical Education requirements.

To restore an inactive license to active status, you must pay the renewal fee and delinquency fee, if applicable. You must also complete Continuing Medical Education equivalent to that required for a single renewal period of an active license within the last two years prior to applying to restore the license to active status.

The inactive status of any license does not deprive the Board of its authority to institute or continue any disciplinary or enforcement action against the licensee.

**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 in the State of California.

SIGNATURE  ⇒	DATE
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**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 Practices Act. The Executive Officer is the custodian of records.