



**MARYLAND DEPARTMENT OF HEALTH  
STATE BOARD OF PODIATRIC MEDICAL EXAMINERS**

4201 Patterson Ave Baltimore, MD 21215-2299 Phone: 410-764-4785 Fax: 410-358-3083

**APPLICATION FOR INACTIVE LICENSURE**

Name: \_\_\_\_\_ License # \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby request that my license to practice podiatry in Maryland to be placed on inactive status. I will adhere to all regulations governing the status of inactive licensure and the regulations governing reinstatement of inactive status licensure.

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

\_\_\_\_\_  
Signature of Licensee

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Inactive Status Fee: **\$150.00** Please make check payable to **Board of Podiatric Medical Examiners.**