



STATE OF MARYLAND

DHMH Board of Examiners in Optometry

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

APPLICATION FOR INACTIVE STATUS LICENSURE

NAME: _____ LICENSE # _____

ADDRESS: _____

City: _____ State _____ Zip code _____

PHONE: (W) _____ (H) _____

EMAIL ADDRESS: _____

I hereby request that my license to practice optometry in Maryland be placed on inactive status. I will adhere to all regulations governing the status of inactive licensure and the regulations governing the reinstatement of inactive licensure to active status licensure, COMAR 10.28.05.02

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 _____

Notary Public

My commission expires _____

A FEE OF \$250 MUST ACCOMPANY THIS APPLICATION