



GEORGIA BOARD OF NURSING

237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966
www.sos.ga.gov/georgia-board-nursing

INACTIVE STATUS

A currently licensed registered professional or practical nurse who wishes to maintain his or her license but who does not wish to practice nursing in this state may apply for inactive licensure status by submitting an application for inactive status. A licensee granted inactive status is exempt from filing a biennial license renewal application and paying a license renewal fee. A licensee who holds an inactive license shall not practice nursing under the inactive license.

An inactive license may be changed to active status by filing an application for reinstatement with the Board, complying with reinstatement requirements, and paying a reinstatement fee, as determined by the Board. Applicants must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in the practice of nursing and that he or she is mentally and physically able to practice nursing with reasonable skill and safety.

Applicants for reinstatement who have not practiced as a registered nurse or licensed practical nurse for at least five hundred hours within the previous four years must complete a Board approved reentry program. Applicants for reinstatement who have practiced as a registered nurse for at least five hundred hours within the previous four years must complete one of the five competency requirements within two years preceding the date of application for reinstatement. The Board may require the passage of an examination or other competency assessments. The Board, in its discretion, may impose any remedial requirements deemed necessary. Reinstatement of the license is within the discretion of the Board.

For additional information please see Board Rule 410-06.

Please complete the following form and submit it by fax to 877-371-5712; by email to nursing@sos.ga.gov; or by mail to 237 Coliseum Drive, Macon, Georgia 31217.

APPLICATION FOR INACTIVE STATUS

Legal Name:

Last

First

Middle

License Address

Street

City

State

Zip Code

Phone:

Email Address:

Social Security Number:

License Number:

I understand that I am applying to have my license placed on inactive status. While my license is inactive I understand that I cannot practice using the inactive license in the State of Georgia.

Signature

Date