

Vermont Board of Nursing
Attn: Sandy Swenson
National Life Building, North FL 2, Montpelier VT 05620-3402

Request for License Status Change to Inactive-Conditioned

I currently hold a *Conditioned* license as a:

- LNA
- LPN
- RN
- APRN

I _____, license number _____ - _____,

hereby request that my license be placed on *Inactive-Conditioned* status. I understand that:

- A licensee who is not practicing and does not plan to practice nursing may request in writing that the current *conditioned license* be placed on *inactive-conditioned* status. No fee shall be required for this service.
- I may not practice in nursing with an *Inactive-Conditioned* license.
- I am not required to meet the conditions outlined in my Board Order while my license remains *Inactive-conditioned*.
- My *Inactive-Conditioned* license may be renewed upon submitting a request in writing (along with a renewal form and fee if applicable) to the Board office.
- The conditions outlined in my Order would be in effect immediately upon the license status change to active, *Conditioned*.

Please **print** the following information:

Licensee Full Name _____
(First name) (Middle initial) (Last name)

Mailing Address: _____
Street or PO Box

_____ City State Zip Code

Telephone Number: _____ Email Address: _____

Signature _____ Date _____