

Vermont Board of Nursing
National Life Building, North FL 2, Montpelier VT 05620-3402
(802) 828-2396 www.vtprofessionals.org

RN and APRN Request for Inactive Status

This request must be received in the Board Office by March 31, 2011 or it will not be processed.

I _____, license number _____ - _____,

hereby request that my license be placed on inactive status. I understand that:

“A licensee who is not practicing and does not plan to practice nursing may request in writing that the current license be placed on inactive status from the date of its expiration. No fee shall be required for this service. The license may be re-activated upon application and remittance of the current biennial renewal fee and in compliance with 26 V.S.A. § 1579 and with these rules.” (26 V.S.A. § 1579 Chapter 4 Subchapter 2 IV)

Please **print** the following information:

Licensee Full Name _____
(first name) (middle name) (last name)

Home Address

Street or PO Box _____
City, State _____
Country _____
Postal/Zip Code _____

Mailing Address (if different than home address)

Street or PO Box _____
City, State _____
Country _____
Postal/Zip Code _____

Signed _____ Date _____