



State of Vermont
Office of the Secretary of State

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Brian H. Leven, Deputy Secretary

Office of Professional Regulation
Board of Nursing
National Life Bldg., North FL2
Montpelier, VT 05620-3402

Christopher D. Winters, Director

LPN Request for Inactive Status

This request must be received in the Board office by January 31, 2012 or it will not be processed.

I _____, license number _____ ---- _____,

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

Board of Nursing Administrative Rule 8.4 Inactive Status: 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 reactivated upon application and remittance of the current biennial renewal fee and in compliance with 26 V.S.A. § 1579 and with these rules.

Please print this form and complete the following information (print legibly).

Licensee Full Name: _____
First Name Middle Name Last Name

Home Address

Address (Street/PO Box): _____

City: _____

State: _____

ZIP/Postal Code: _____

Country: _____

Mailing Address (if different than Home Address)

Address (Street/PO Box): _____

City: _____

State: _____

ZIP/Postal Code: _____

Country: _____

Signature: _____

Date: _____


