

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

You may not use this form during a renewal period or if your license is expired/lapsed.
 Contact this office for instructions on how to receive an alternate renewal notice.

To change the status of your current Colorado license(s)* from Active to Inactive:

- **Complete and sign this form**, attaching any required supporting documentation. If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- **Return the completed form to:** Division of Registrations, Office of Licensing, 1560 Broadway, Suite 1350, Denver, Colorado, 80202. Keep a copy for your records.

IMPORTANT NOTE: You must continue to renew your Inactive license(s) during each upcoming renewal period, or your license(s) will be expired/lapsed. Be sure to keep your address current in order to receive renewal information.

Reactivation requirements vary for each profession. Should you decide to reactivate your license in the future, you must review and comply with reactivation requirements and submit a reactivation application, fee, and supporting documentation for your profession. Information and applications are available from our website at www.dora.state.co.us/registrations.

YOU CANNOT PRACTICE OR WRITE PRESCRIPTIONS IN THE STATE OF COLORADO WHILE YOUR LICENSE IS INACTIVE.

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address: PO Box, Street: This is a <input type="checkbox"/> Home <input type="checkbox"/> Business City, State, Zip:			
Daytime Telephone Number: ()		E-mail Address: Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be certified or registered. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.

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***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 et seq., and the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

PART 2—LICENSE INFORMATION

Indicate the Active status, unexpired license(s) you wish to place in Inactive status. If your profession is not listed, there is no Inactive status available for your license type.

<u>License Type</u>	<u>Number</u>	<u>Expiration Date</u>	<u>License Type</u>	<u>Number</u>	<u>Expiration Date</u>
<input type="checkbox"/> Accountant	_____	_____	<i>Nursing</i>		
<input type="checkbox"/> Architect	_____	_____	<input type="checkbox"/> Lic. Practical Nurse	_____	_____
<input type="checkbox"/> Chiropractor	_____	_____	<input type="checkbox"/> Reg. Professional Nurse	_____	_____
<input type="checkbox"/> Dentist	_____	_____	<input type="checkbox"/> Pharmacist	_____	_____
<i>Electrical</i>			<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Master Electrician	_____	_____	<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> Journeyman	_____	_____	<input type="checkbox"/> Podiatrist	_____	_____
<input type="checkbox"/> Residential Wireman	_____	_____	<input type="checkbox"/> Optometrist	_____	_____
<i>Mental Health</i>			<input type="checkbox"/> Veterinarian	_____	_____
<input type="checkbox"/> Cert. Addiction Counselor II	_____	_____			
<input type="checkbox"/> Cert. Addiction Counselor III	_____	_____			
<input type="checkbox"/> Lic. Addiction Counselor	_____	_____			
<input type="checkbox"/> Social Worker	_____	_____			
<input type="checkbox"/> Lic. Clinical Social Worker	_____	_____			
<input type="checkbox"/> Marriage & Family Therapist	_____	_____			
<input type="checkbox"/> Professional Counselor	_____	_____			

ATTESTATION

By completing this application, I am requesting to change the status of my current Colorado license from ACTIVE to INACTIVE.

I certify that I will not practice my professions or write prescriptions if applicable in the state of Colorado unless and until I comply with reactivation requirements for my profession and the Board issues me an active license. I also understand that during the time my license is INACTIVE, I do not have to comply with any continuing education, insurance, or financial responsibility requirements for my profession. Continuing education and/or demonstration of continued competency may be required for reactivation.

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application, to the best of my knowledge, is true and correct.

Name (print):

Signature

Date