



REQUEST FOR INACTIVE STATUS

SECTION 40-33-41 Request for inactive status.

Upon request on a form provided by the board, the board shall place a person on the official inactive status if the person is currently licensed under this chapter and does not meet the minimum continued competency requirement for renewal or wishes to retire from practice temporarily. While on inactive status the person is not subject to the payment of any renewal fees and must not practice nursing in this State. To apply for reinstatement, the person shall submit an application, pay a reinstatement fee for the current period, and demonstrate continued competency as defined in regulation. The board may deny reinstatement based on evidence of unlawful acts, incompetence, unprofessional conduct, or other misconduct.

There is a **\$15** fee to have your license placed on official inactive status. Along with this form, mail a check or money order in the amount of **\$15** to the **SC Board of Nursing, P.O Box 12367, Columbia, SC 29211.**

South Carolina Nursing License Number: _____ RN LPN *APRN

* APRNs- if you wish to keep the RN component of your license ACTIVE please check here .

Name: _____
First Middle Maiden (if married) Last

Mailing Address: _____
Street/PO Box City State Zip

Home Address: _____
Street/PO Box City State Zip

County: _____ Email Address: _____

I wish to place my South Carolina Nursing License on Inactive Status. I understand that "to apply for reinstatement, the person shall submit an application, pay a reinstatement fee for the current period, and demonstrate continued competency as defined in regulation. The board may deny reinstatement based on evidence of unlawful acts, incompetence, unprofessional conduct, or other misconduct." [§40-33-41 of the Nurse Practice Act].

Signature _____

Date _____