



Jeremiah W. (Jay) Nixon
 Governor
 State of Missouri

Department of Insurance
 Financial Institutions
 and Professional Registration
 John M. Huff, Director

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 Missouri Boulevard
 P.O. Box 4
 Jefferson City, MO 65102-0004
 573-751-0098
 866-289-5753 TOLL FREE
 573-751-3166 FAX
 800-735-2966 TTY
 website: <http://pr.mo.gov/healingarts.asp>

Connie Clarkston
 Executive Director

INACTIVE LICENSURE STATUS

Pursuant to Section 334.002 RSMo, the Board of Healing Arts offers an inactive status for licensure or registration. The inactive status allows you to practice your profession on yourself or your family; however, you are not allowed to prescribe controlled substances. You may continue to use the title of your profession or the initials of your profession after your name. It exempts you from complying with the Board's minimum requirements for continuing education while your license is in an inactive status.

You may return your license to active status by notifying the Board in advance of your intention, paying the appropriate fees and meeting all established requirements of the Board. If your license or registration is reactivated within five (5) years of placing it on the inactive status, you will be excluded from taking the licensing examination, as a condition of reinstatement.

I certify that I have read Chapter 334.002 RSMo, and understand that it is my responsibility to be aware of the statutes, rules and regulations regarding my Missouri license or registration. I understand that statutes, rules and regulations change periodically, therefore, it will be necessary for me to check the Board's website or with the Board's office to determine if any information has changed regarding licensure or reinstatement of my license or registration.

Name (Please Print)	Signature	License Number	
Address	City	State	Zip Code
Profession	Effective Date of Inactive Status	Today's Date	

NOTARIZATION AND NOTARY INFORMATION

STATE	COUNTY	
The licensee identified him/herself with a government issued photographic identification and bearing true likeness to the licensee subscribed and swore to the truthfulness of this affidavit before me, this _____ day of _____, _____.		USE RUBBER STAMP BELOW
NOTARY PUBLIC PRINTED NAME	COMMISSION EXPIRES	NOTARY PUBLIC SEAL
NOTARY PUBLIC SIGNATURE		