

REQUEST FOR INACTIVE NURSE LICENSE STATUS

Missouri License Number

Last 4 Digits of Social Security Number

Last Name (Printed)

First Name (Printed)

(____)_____
Telephone Number

(____)_____
Alternate Number

E-mail Address

Effective Date of Inactive Status: _____

Your signature confirms that you would like your nursing license placed on inactive status. While on inactive status, you cannot practice nursing nor use your nurse title. The board of nursing quarterly newsletter will no longer be mailed to you. If you plan to resume nursing practice, you must follow the procedures to reinstate your nursing license. The form to do so can be found at our web site under Licensure Information & Forms and then Form to Renew Expired Missouri License.

→ _____
Signature (This form must be signed)

Date

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)

Physical address required, **PO boxes are not acceptable**

CITY

STATE

ZIP

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

STREET OR PO BOX

CITY

STATE

ZIP

Return SIGNED and completed form by either 1) mail to Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or 2) Fax to 573-751-6745 or 3) scan it and email to nursing@pr.mo.gov

References: 335.016.(17), RSMo and 4 CSR 2200-4.020 (13)