STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
3605 MISSOURI BLVD., P.O. BOX 4
JEFFERSON CITY, MO 65102
TELEPHONE (573) 751-0098
TOLL FREE (866) 289-5753

LICENSE RETIREMENT AFFIDAVIT

The undersigned licensee desiring to retire fully and completely from his/her practice in the State of Missouri executes this affidavit for purposes of placing said license in a retirement status.

During retirement the undersigned licensee will not engage in the practice of their profession in the State of Missouri as defined in Chapter 334, RSMo, nor will the undersigned licensee hold himself/herself out in any fashion as being authorized or engaged in the practice of their profession in the State of Missouri. The undersigned licensee will not engage in any gratuitous or occasional treatment of any person, will not maintain an office for the practice of their profession, will not provide consultation services or opinions of any kind concerning the care and treatment of any person, and will not endeavor in any manner to evaluate, test, diagnose, or treat any person in the State of Missouri.

The undersigned licensee understands that if he/she ever desires to return to practice in the State of Missouri, that he/she will make formal application for reinstatement by the Board. In addition, the undersigned licensee further understands that in order to return his/her license to a current and active status, he/she must satisfy all the requirements established by statute and rule which may include, but are not limited to, continuing education units and retaking and passing a licensing examination chosen by the Board.

The undersigned licensee with this affidavit returns the computer generated renewal license and pocket card issued by the Board. The undersigned licensee understands that he/she may retain the wall hanging license issued when he/she was initially licensed as a physician in Missouri.

Name (Please Print)	License Number	Signature

Address	City	State	Zip Code

Profession	Effective date of Retirement 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		