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 shall not practice his or her profession within this state, but shall be allowed to practice his or her profession on himself or herself or on his or her immediate family, however, the undersigned licensee shall not be allowed to prescribe controlled substances. The undersigned licensee may continue to use the title of his or her profession or the initials of his or her profession after such person's name.

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		