



**PUERTO RICO MEDICAL LICENSING AND DISCIPLINE BOARD
REQUEST FOR MEDICAL LICENSE INACTIVATION**

Name: _____ License: _____

Address: _____

Specialty: _____ Phone: _____

I hereby petition the Puerto Rico Board of Medical Licensure and Discipline for the inactivation of my medical license to practice medicine in Puerto Rico. The reasons for the inactivation are the following:

I, _____, certify that the preceding statement is true and correct and that I understand the implications of license inactivation and my obligation to apply for license reactivation before returning to practice medicine in Puerto Rico.

Physician's signature

Date

Notes:

- 1) An inactive license means the physician has no right to practice medicine in Puerto Rico. It does not imply that the physician has lost his/her license.
- 2) Before returning to the practice of medicine in Puerto Rico, a physician with an inactive license must apply for reactivation with the Puerto Rico Board of Medical Licensure and Discipline.
- 3) The Puerto Rico Medical Licensing and Discipline Board may impose certain requirements and/or conditions for reactivating a license, which the physician must comply with.

FOR OFFICIAL USE:

Date of inactivation in the system ____/____/____

Technician: _____

PO BOX 13969 San Juan, PR 00908