

INACTIVE STATUS APPLICATION – 2018

I, (print full name) _____

License # _____ SS# _____

Request that my license be placed on **INACTIVE STATUS** for a period not to exceed 4 years. I understand that while I am on **INACTIVE STATUS** that I may not hold employment in Louisiana where I would be required to submit humans to ionizing radiation for diagnostic or therapeutic purposes. I understand that no fees are due or payable while on **INACTIVE STATUS**, but that upon restoring my license to **ACTIVE STATUS** that I will be required to comply with the same continuing education rules and regulations as if I had remained on **ACTIVE STATUS**.

This application must be signed and dated by May 31, 2018. I understand that if I complete this application after June 1, 2018 and wish to go **ACTIVE** between June 1, 2018 to May 31, 2020 I will be required to pay the licensing fee and published delinquency fee.

Signed _____

Date _____

§1219. REINSTATEMENT OF LICENSE

A. If a license lapses or is inactive for a period of less than four years and if the person is otherwise eligible for renewal of license, the person must supply evidence of having met the continuing education requirements and pay the designated standard renewal fee and any other associated fees as required by the Board.

B. If a license lapses or is inactive for a period of four or more years and if the person is otherwise eligible for renewal of license, the individual must pass the entry-level examination and pay the designated special reinstatement fee.

MAIL TO:

**LOUISIANA STATE RADIOLOGY BOARD
3108 CLEARY AVENUE, STE 207
METAIRIE, LOUISIANA 70002**