



Affidavit for Request for Inactive License Status

I, _____ do hereby request that my Nevada Osteopathic Medical License, License number _____ be placed in INACTIVE STATUS pursuant to NRS 633.491 § 3 effective on the _____ day of _____ in the year _____. I acknowledge that I will CEASE the practice of osteopathic medicine in the state of Nevada on the same date listed above. I further acknowledge that I MAY NOT practice osteopathic medicine in Nevada in any form during any time that my license is in INACTIVE STATUS. I understand that to practice osteopathic medicine with an INACTIVE license would constitute a category D felony punishable by imprisonment and or any other sanctions available at law. I further understand that I remain obligated by law to accommodate access to any and all patient medical records for five (5) years pursuant to NRS 629.051, and this time period is longer for minors under the age of 23.

Physician's Current Address: _____

Current Phone Number: _____

Appointment of Custodian of Medical Records

While I have discontinued the practice of osteopathic medicine in the state of Nevada, any and all records of any and all of my Nevada patients are available at the following address or by contacting the following custodian of records. I have ensured that said custodian is willing and able to accommodate any and all requests for medical records on any and all of my Nevada patients per NRS 629.061. Further, this custodian fully understands and accepts the responsibility to maintain all patient records for not less than five (5) years pursuant to NRS 629.051.

Name of Custodian: _____

Address of Custodian: _____

Telephone: _____ Fax#: _____

I further affirm that to maintain my inactive Nevada osteopathic medical license I am required to pay the annual inactive fee of \$200.00 per NRS 633.491 § (4)(b). Failure to pay this fee will constitute forfeiture of this license and will negate any rights per NRS 633.491 to re-activate said license should I so desire and I may be required to re-apply or re-instate a lapsed osteopathic medical license pursuant to NRS 633.491.

Print Name

Signature

Sworn or affirmed by oath and attested to before me, _____ Notary Public in and for the State of _____ residing in the County of _____

Signed this day the _____ of _____ in the year _____

Notary Public