**Louisiana State Board of Medical Examiners**

630 Camp Street, New Orleans, LA 70130

Phone: (504) 568-6820; Fax: (504) 568-6823

[www.lsbme.la.gov](http://www.lsbme.la.gov)

***Notice to Request Inactive Status***

**Genetic Counselor**:**License #**

**Collaborative Physicians:** (List all physicians associated with you. Include their license numbers, business address, and phone number).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Collaborating Physician** | **License #** | **Address** | **Phone Number** |
|  |  |  | **(     )** **-** |
|  |  |  | **(     )      -** |
|  |  |  | **(     )      -** |
|  |  |  | **(     )      -** |

**Reason for inactive status request:**

**Genetic Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**