

# Arkansas State Board of Nursing

University Tower Building  
1123 South University Avenue, Suite 800  
Little Rock, Arkansas 72204

PHONE 501.686.2700  
FAX 501.686.2714  
[www.arsbn.org](http://www.arsbn.org)

## INACTIVE REQUEST FORM

### GENERAL INFORMATION

In accordance with the Arkansas State Board of Nursing *Rules*, a nurse whose license is on inactive status may not practice nursing in this state in any respect, including volunteer practice. A nurse whose license is on inactive status will not be subject to renewal fees, nor be required to maintain continuing education contact hours during the time of inactive status.

No fee is required for an inactive status request. Only an active license in good standing can be placed on inactive status, therefore the request must be received before the license expiration date.

If a nurse with an inactive license status desires to resume nursing practice in Arkansas, they must submit a renewal application. To renew license the license, the nurse must meet renewal requirements. Refer to [www.arsbn.org](http://www.arsbn.org); click on the Licensing tab and refer to the Renewal Frequently Asked Questions (FAQ).

You may access licensure status on line at [www.arsbn.org](http://www.arsbn.org)

To request license inactivation, a nurse must submit the Inactive Request Form below prior to license expiration date.

### NOTE:

Placing your license on inactive status does not alleviate your responsibility to notify the Board of any pending or active disciplinary or criminal issues, in this or any other jurisdiction. In addition, inactivating your license does not alleviate or postpone your responsibility to comply with Board orders, consent agreements, and letters of reprimand currently affecting your license. Contact the Board immediately if you are subject to any such current or pending actions.

\*With the exception of DWI, traffic violations do not constitute a crime.

# ARKANSAS STATE BOARD OF NURSING

UNIVERSITY TOWER BUILDING  
1123 SOUTH UNIVERSITY, SUITE 800  
LITTLE ROCK, ARKANSAS 72204  
501.686.2700 • 501.686.2714 fax • www.arsbn.org

## INACTIVE REQUEST FORM

This form must be completed by the nurse whose intention is to place the identified license(s) on an inactive status. *Inactive status is for individuals who will not be practicing nursing with their Arkansas license(s).* The inactive status can be requested by any nurse who holds an active Arkansas license in good standing. Complete all areas and submit to the Arkansas State Board of Nursing at the above address, or fax to 501-686-2714.

FULL NAME \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
WORK HOME CELL

Indicate the license(s) that you are requesting to be placed on inactive status. List all active licenses you wish to be placed on inactive status.

- RN License # \_\_\_\_\_
- LPN License # \_\_\_\_\_
- LPTN License # \_\_\_\_\_
- Advanced Practice Nurse License # \_\_\_\_\_
- Nurse Practitioner License # \_\_\_\_\_

I hereby attest that I am the person who is referred to in the foregoing application for inactive nurse license status in the state of Arkansas; that the information herein is true and correct; that I understand that I CANNOT practice nursing on my Arkansas license while on inactive status; and that I have read and understand this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_