



North Carolina Board of Recreational Therapy Licensure

Inactive Status Request Form

Please include Inactive Status fee of \$35.00

Name _____

NCBRTL License Number _____

Address _____

Phone Number _____

Email Address _____

Date Inactive Status Taken _____

Please Explain Reason for Request

I understand this Inactive Status is for a period of one year. I will not practice recreational therapy during this Inactive Period. I must resubmit a request at the end of one year if I want to continue on Inactive Status and not allow my license to expire. I also understand it is my responsibility to keep my contact information current with the NCBRTL office.

Signature _____

Date _____