BOARD OF MEDICINE
VOLUNTARY RELINQUISHMENT FORM

License Number	ME
Name (Please Print)	
Mailing Address	

64B8-8.018, F.A.C. Voluntary Relinquishment of License

(1) If a licensee wishes to voluntarily relinquish a license at a time when no investigation has been initiated against the licensee, no investigation against the licensee is anticipated, and no disciplinary action is pending, and the licensee is not under any current restrictions by the Board of this state or any other jurisdiction, then the licensee's request for voluntary relinquishment may be acted upon by staff without further action by the Board. In such a case, the voluntary relinquishment shall not be considered action against the license as that term is used in Section 458.331(1)(b), Florida Statutes.

(2) If a licensee wishes to voluntarily relinquish a license, but the licensee or the license is currently under any of the constraints set forth in (1) above, then the licensee may relinquish the license only with the approval of the Board. If the voluntary relinquishment is accepted by the Board at the time an investigation is underway, or is anticipated, or when a disciplinary action is in progress, then the acceptance of the voluntary relinquishment of the license shall be considered disciplinary action against the license as that term is used in Section 458.331(1)(b), Florida Statutes, and shall be reported as such by the Board. In addition, the licensee will be required to cease practice immediately upon signing the voluntary relinquishment and agrees to never reapply for licensure in Florida again.

I request to administratively relinquish my Florida medical license. I understand that I will no longer receive any communication from the Department of Health, including a biennial licensure renewal form. I understand that to practice as a physician in the State of Florida I will have to reapply for licensure and meet all of the statutory requirements in place at the time of applying.

***Signature:*____ *Date:* ________________**