



**REQUEST FOR CHANGE IN STATUS
CURRENT ACTIVE to CURRENT INACTIVE
MUSIC THERAPIST LICENSE**

To request a change in status from Current Active to Current Inactive, complete, and return this form to the Board via email at: socialwork@dhp.virginia.gov using the subject line: **“Request for Inactive Status”**. A person with an inactive license is not authorized to practice music therapy. The renewal fee must be paid each year at renewal time to keep an inactive license current.

Applicant Identification & Contact Information			
Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Music Therapist License Number: (10-digit number) ____ _		Last 4 digits of Social Security Number: XXX-XX- ____ _	
Published Address: The address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than residence, such as a Post Office Box or practice location.			
Street Address:			
City:	State:	Zip Code:	
Address of Record: The address information you provide below is your Address of Record with the Board. Please be advised that all notices from the Board, to include renewal notices and other legal documents, will be sent to the Address of Record provided. If you provided a different Published Address above, the Address of Record is <u>not</u> subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.			
Street Address:			
City:	State:	Zip Code:	
Home Phone Number:	Alternate Phone Number:		
Email Address:			

I acknowledge with my signature that by placing my license in an inactive status, I cannot practice music therapy in the Commonwealth of Virginia except in an exempt setting as defined in [§ 54.1-3701](#) of the Code of Virginia until my license has been reactivated to current active status by the Virginia Board of Social Work.

A licensed music therapist who wishes to place a license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC140-30-20. No person shall practice music therapy in Virginia unless the person holds a current active license. A licensee who has selected an inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC140-30-80.

I hereby submit a request for change of status of my Virginia license number referenced on this form. My signature acknowledges that I understand that providing false or misleading information on this form may lead to disciplinary action by the Virginia Board of Social Work.

Signature of Licensee

Date