



# REQUEST FOR REACTIVATION OF LICENSE

This form must be completed when requesting to have your inactive license placed back onto active status. You must also submit copies of your course completion documents for the total required number of Continuing Education (CE) hours along with this form. No fee is required. You will automatically be issued a replacement license showing your status as "active." Please allow 2 weeks for your request to be reviewed and processed.

PLEASE TYPE OR PRINT:

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## LICENSEE INFORMATION

NAME: \_\_\_\_\_

LICENSE TYPE: (Check One)  SP  AU  SPA  HA LICENSE NUMBER: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS OF RECORD: \_\_\_\_\_

Would you like your address  
of record changed?

(Street)

YES  NO

\_\_\_\_\_  
(City, State, Zip Code)

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## CERTIFICATION

**Please read the below statement carefully, enter the total amount of CPD hours you have completed; sign and date below.**

I certify that I have completed a total of \_\_\_\_\_ hours of continuing education. All courses have been taken within the past 2 years from a board approved provider. All coursework taken pertains to my scope of practice.

I hereby request that my license status be changed from inactive to active.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_