



## Temporary Leave Request Form

If you would like to voluntarily place your BOC certification(s) under temporary leave status, please use this form to notify BOC of your decision. Note that to be eligible for temporary leave, you must currently be certified in good standing. *Suspended or revoked certificants are not in good standing and therefore may not apply for temporary leave.* Print, complete and sign this form and return to BOC to the attention of Credentialing Operations Manager, Michelle Yoon. Please mail your certificate to the address above or fax the form directly to Ms. Yoon at 410.753.8809.

Consistent with Section I.1 of the BOC Recertification Policy, I am hereby requesting, for the reason(s) indicated below, that my BOC certification status be changed from Active to Temporary Leave Status, effective as of the anticipated starting date indicated below. By signing and submitting this request, I am stating my intention to refrain from active professional practice for the period of time indicated below. I understand and agree that, upon the effective date of my Temporary Leave Status and until such time as I properly request and obtain reinstatement of my BOC certification to Active Status, I am required to abide by all applicable BOC policy terms and requirements, including those pertaining to Temporary Leave Status as stated in Section I.1 of the Recertification Policy. Accordingly, I agree to refrain from: representing myself as being an active certificant, certified by, or affiliated with, BOC; and, any and all use of the BOC credential or certification mark. I further understand that this request for Temporary Leave Status is subject to the approval of BOC, based on its determination of my eligibility for such status under the applicable terms of the Recertification Policy.

Anticipated Starting Date of Temporary Leave Status: \_\_\_\_\_

Anticipated Duration of Temporary Leave Status: \_\_\_\_\_

Reason(s) for Requesting Temporary Leave Status: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Certification Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_