



APPLICATION INSTRUCTIONS TO PRACTICE MEDICINE (MD) OR OSTEOPATHY (DO) BY RECIPROCITY

1. Familiarize yourself with the qualifications required for a full license by reviewing the [Laws and Regulations](#) governing the practice as a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) in the Commonwealth of Virginia.
2. **Application fees are nonrefundable. Your application is NOT processed until the fee is paid. Fees must be submitted with the online application.**
3. The application fee for licensure by reciprocity is \$302.00.
4. To be eligible for licensure by reciprocity, you must meet the criteria listed under **ELIGIBILITY CRITERIA** below. If you do not meet these criteria, you must apply through the [traditional licensure pathway](#).
5. If the Board deems the required criteria are unmet in your submitted application, your application will be routed to the traditional pathway, which requires more supporting documentation and additional time.
6. Provide your current practice address and the address of your projected practice location in Virginia.
7. The Board provides an online checklist for the convenient tracking of your application.
8. Supporting documentation is added to your checklist as it is received. If checklist does not exist or indicates that documents submitted have not been updated in your checklist, please e-mail the Board at VABOMReciprocityVerification@dhp.virginia.gov with "Application Question" in the subject line.

ELIGIBILITY CRITERIA

1. Hold a current, unrestricted license in Maryland or the District of Columbia.
2. Verify you have no restrictions on a license issued by another United States jurisdiction or Canada.
3. Verify there is no pending disciplinary matter or investigation by any State Board or licensing authority in any jurisdiction.
4. Verify you are not currently being monitored in a physician's health program.
5. Verify you have not had three (3) or more malpractice paid claims within the most recent ten (10) years.
6. Submit a current self-query report from the National Practitioner Data Bank.
7. Have no grounds for denial based on provisions of [§54.1-2915](#) of the Code of Virginia or Regulations of the Board.

APPLICATION BY RECIPROCITY CHECKLIST

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
	1. APPLICATION AND FEE	
<input type="checkbox"/>	<p>Complete the online application and submit it with the non-refundable application fee.</p> <ul style="list-style-type: none"> Many application components require additional documentation, noted when applicable. Failure to provide necessary documentation impedes progress, and it is the applicant's responsibility to submit all required supporting documentation. 	ONLINE
	2. EMPLOYMENT ACTIVITY	
<input type="checkbox"/>	Provide your current practice address and the address of your projected practice location in Virginia.	ONLINE
	3. PROFESSIONAL LICENSE VERIFICATION	
<input type="checkbox"/>	<p>Board staff will obtain verification that a license issued in the adjoining state/jurisdiction in Maryland or the District of Columbia is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement.</p> <ul style="list-style-type: none"> The Board does not require verification of training licenses. 	N/A
	4. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY	
<input type="checkbox"/>	<p>Complete the online NPDB self-query form.</p> <ul style="list-style-type: none"> The Board accepts digitally certified electronic copies of the NPDB self-query report that can be emailed to VABOMReciprocityVerification@dhp.virginia.gov. If you choose to have the NPDB report mailed to you instead, DO NOT OPEN IT when you receive it. Place the unopened NPDB report in an oversize envelope and mail it to the Virginia Board of Medicine. 	EMAIL OR MAIL SENT DIRECTLY FROM NPDB
	5. NAME CHANGE	
<input type="checkbox"/>	<ul style="list-style-type: none"> Provide copies of documentation supporting any name changes differing from your current license. 	EMAIL, FAX, OR MAIL

END OF INSTRUCTIONS. PROCEED TO THE [ONLINE APPLICATION](#).