



## INITIAL APPLICATION INSTRUCTIONS DOCTOR OF MEDICINE (MD) AND DOCTOR OF OSTEOPATHY (DO)

*This is NOT the application for a training license to practice as a resident or fellow.*

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 or Doctor of Osteopathy in 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 an MD or DO license is \$302.00.
4. Applications EXPIRE one year from submission if they are not completed. You must ensure all required supporting documentation is submitted to the Board before the expiration date. If your application expires, you are required to start the process over by submitting a new application and paying the fee again.
5. [National Practitioner Data Bank \(NPDB\)](#) self-query reports expire within six (6) months of receipt and must be resubmitted if you do not complete your application within that timeframe.
6. When possible, submit your documents electronically. Some forms may be faxed to 804-527-4426 and are indicated as such. If you must mail your documents to the Board, you are encouraged to send them via FedEx or UPS so you can track their delivery. The Board is unable to track documents delivered via USPS.
7. For mailed applications, the Board does **not** accept supporting documents that are copied *after* they are notarized. Notarized supporting documents should be sent *directly from the program office or school to the Board* via mail or hand delivery.
8. Consistent with Virginia law and the mission of the Department of Health Professions, public addresses on file with the Board of Medicine are made available to the public. The Board address noted on your application may be different from the public address and is not released to the public. The Board of Medicine allows the Board address of record to be a Post Office Box or practice location.
9. The Board processes applications efficiently, but licensing time depends on external entities, so plan accordingly. Applicants must ensure all required documentation is sent to the Board.
10. **Do not begin practice/training prior to Board approval.** Submission of an application does not guarantee a license. A review of your application could result in the finding that you are not eligible pursuant to Virginia laws and regulations. Additional information may be requested after review by the Board.

## INITIAL APPLICATION CHECKLIST

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
	<b>1. APPLICATION AND FEE</b>	
<input type="checkbox"/>	<p>Complete the <a href="#">online application</a> and submit it with the non-refundable application fee.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<b>ONLINE</b>
	<b>2. TRANSCRIPTS</b>	
<input type="checkbox"/>	<p>Request your transcripts be sent to the Board.</p> <ul style="list-style-type: none"> <li>Do NOT fax your transcripts to the Board. School transcripts must be sent directly to the Board by the school and bear the official school seal.</li> <li>If you use either the <a href="#">Federation Credentials Verification Service (FCVS)</a> or transcript services to procure your transcripts; they transmit the information directly to the Board on your behalf.</li> <li>MD official school transcripts can be emailed directly by the school to <a href="mailto:md-medbd@dhp.virginia.gov">md-medbd@dhp.virginia.gov</a>.</li> <li>DO official school transcripts can be emailed directly by the school to <a href="mailto:do-medbd@dhp.virginia.gov">do-medbd@dhp.virginia.gov</a>.</li> </ul>	<b>MAIL OR EMAIL SENT DIRECTLY FROM SOURCE</b>
	<b>3. EXAMINATION SCORES</b>	
<input type="checkbox"/>	<p>Request your scores be sent to the Board.</p> <ul style="list-style-type: none"> <li>Do NOT fax your exam scores to the Board. <b>Your scores should be sent directly from the examining body to the Board.</b> If you use the <a href="#">Federation Credentials Verification Service (FCVS)</a> to obtain your scores, they transmit the information directly to the Board on your behalf.</li> <li>If you took all three steps of the United States Medical Licensing Examination (USMLE) examination or the Federation Licensing Examination (FLEX) examination, contact the Federation of State Medical Boards (FSMB) at (817) 868-4000 or <a href="http://www.fsmb.org">www.fsmb.org</a> to have your scores submitted directly to the Board.</li> <li>If you took the National Board of Osteopathic Medical Examinations or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), you may request copies of your scores from <a href="https://www.nbome.org/">https://www.nbome.org/</a> or by calling (866) 479-6828 to have your scores submitted directly to the Board.</li> <li>If you took the National Board of Medical Examiners or in combination with the United States Medical Licensing Examination (USMLE), contact the National Board of Medical Examiners at (215) 590-9500 or <a href="http://www.nbme.org">www.nbme.org</a> to have your scores submitted directly to the Board.</li> <li>If you took the <a href="#">Licentiate of the Medical Council of Canada (LMCC)</a> examination, contact the Medical Council of Canada (MCC) at (613) 521- 6012 to have your scores sent directly to the Board.</li> <li>If you took a state examination, contact the state agency or licensure board to have your scores submitted directly to the Board. Note: See <i>Virginia Code section §54.1-2913.1. Acceptance of other examinations.</i></li> </ul>	<b>MAIL OR EMAIL SENT DIRECTLY FROM EXAMINING BODY</b>
	<b>4. EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES CERTIFICATE (ECFMG) – Foreign Medical Graduates ONLY</b>	
<input type="checkbox"/>	<p>Request a verification of your Educational Commission for Foreign Medical Graduates (ECFMG) Certification <a href="#">Status Report</a>.</p> <ul style="list-style-type: none"> <li>The Commission will send your certification report directly to the Board.</li> </ul>	<b>EMAIL OR MAIL</b>

	<b>5. POSTGRADUATE TRAINING</b>	
<input type="checkbox"/>	<p>Have a certificate of completion or program director's letter of completion sent <b>directly</b> from the institution to the Board via email, fax, or mail. This includes any internships, residencies, and fellowships completed within the past five (5) years.</p> <ul style="list-style-type: none"> <li>If your MD/DO postgraduate training occurred more than five (5) years ago, send a PDF copy of the program director's letter or certificate.</li> <li>This documentation can be mailed, faxed, or emailed to <a href="mailto:md-medbd@dhp.virginia.gov">md-medbd@dhp.virginia.gov</a> or <a href="mailto:do-medbd@dhp.virginia.gov">do-medbd@dhp.virginia.gov</a>.</li> </ul>	<b>EMAIL, FAX, OR MAIL SENT DIRECTLY FROM INSTITUTION</b>
	<b>6. EMPLOYMENT ACTIVITY</b>	
<input type="checkbox"/>	<p>List your employment activities in chronological order within the application.</p> <ul style="list-style-type: none"> <li>This must include <b>all activities</b> from graduation or the last ten (10) years, whichever is the shorter time, including any internships, residencies, hospital privileges, observerships, volunteer service, and any gaps in employment over 30 days (e.g., taking time off for an extended vacation, sabbatical, leave of absence, maternity or paternity leave).</li> <li>If you are employed by a group practice or locum tenens/traveler company, please list all locations where you provided service or held privileges.</li> <li>If more space is needed to record your activities, use the <a href="#">supplemental form</a> and submit with your application.</li> </ul>	<b>ONLINE</b>          <b>EMAIL, FAX, OR MAIL</b>
	<b>7. PROFESSIONAL LICENSE VERIFICATION</b>	
<input type="checkbox"/>	<p>Request verification of your license to practice medicine.</p> <ul style="list-style-type: none"> <li>If you are a recent graduate without any prior licensure, there is no license verification to submit to the Board.</li> <li>To request verification of a license to practice medicine from a jurisdiction within the United States, its territories and possessions, or Canada, contact the applicable jurisdiction where you were issued a license to practice medicine to request documentation be sent directly the Board via email to <a href="mailto:md-medbd@dhp.virginia.gov">md-medbd@dhp.virginia.gov</a> or <a href="mailto:do-medbd@dhp.virginia.gov">do-medbd@dhp.virginia.gov</a>.</li> <li>Many medical boards use Veridoc to send license verifications. Check with <a href="#">Veridoc</a> to see if your licensing board uses this service.</li> </ul>	<b>EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION</b>
	<b>8. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY</b>	
<input type="checkbox"/>	<p>Complete the <a href="#">online NPDB self-query</a> form.</p> <ul style="list-style-type: none"> <li>The Board accepts digitally certified electronic copies that can be emailed to <a href="mailto:md-medbd@dhp.virginia.gov">md-medbd@dhp.virginia.gov</a> or <a href="mailto:do-medbd@dhp.virginia.gov">do-medbd@dhp.virginia.gov</a>.</li> <li>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 forward it to the Virginia Board of Medicine.</li> </ul>	<b>ONLINE AND SENT DIRECTLY FROM NPDB</b>
	<b>9. MALPRACTICE CLAIMS HISTORY</b>	
<input type="checkbox"/>	<p>If you have had any malpractice claims brought against you (pending or closed) in the last ten (10) years, provide a narrative of the clinical care provided for each case and supporting court documentation that includes the date of incident, verdict, and settlement amount, if any.</p> <ul style="list-style-type: none"> <li>This documentation can be mailed, faxed, or emailed to <a href="mailto:md-medbd@dhp.virginia.gov">md-medbd@dhp.virginia.gov</a> or <a href="mailto:do-medbd@dhp.virginia.gov">do-medbd@dhp.virginia.gov</a>.</li> </ul>	<b>MAIL, FAX, OR EMAIL</b>
	<b>10. NAME CHANGE</b>	
<input type="checkbox"/>	<p>Provide copies of documentation supporting any <a href="#">name changes</a> since graduation from medical school.</p>	<b>EMAIL, FAX, OR MAIL</b>

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