

**INSTRUCTIONS FOR ACTIVE DUTY SERVICEMEMBER/SPOUSE**

 **LICENSE PORTABILITY APPLICATION**

This application is for active-duty servicemembers and spouses applying under the Servicemembers Civil Relief Act (SCRA) (50 U.S.C. §4025(a)). A license issued pursuant to this application is effective for the duration of the relocation orders.

1. Familiarize yourself with the [Laws and Regulations](https://www.dhp.virginia.gov/Boards/Medicine/PractitionerResources/LawsRegulations/) governing your professional practice.
2. The application is a fillable form which can be completed electronically. However, it cannot be submitted online. Print out the completed form and mail it to the Board with the appropriate application fee.
3. Your application will not be processed until the fee is paid. Application fees are nonrefundable**.**
4. Applications EXPIRE one year from receipt by the Board. You must ensure all required supporting documentation is submitted to the Board before the expiration date. If your application expires, you will be required to start the process over by submitting a new application and new fee.
5. Verification of Professional Licensure - Provide verification of the status of your professional license or certificate that you have actively used during the two years immediately preceding your relocation to Virginia.
6. [National Practitioner Data Bank (NPDB)](https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp) self-query reports expire in six (6) months of receipt by the Board and must be resubmitted if your application is not completed within that timeframe.
7. When possible, submit your documents electronically. Some forms may be faxed to 804-527-4426 and are indicated on the application checklist. 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.
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 will not be released to the public and may be different from the public address. The Board accepts the address of record to be a street address or Post Office Box.
9. The Board processes applications efficiently, but time to the issuance of a license depends on external entities, so plan accordingly. Applicants must ensure all required documentation is sent to the Board.
10. Please note: A license issued under the SCRA can be extended if eligible but cannot be renewed or reinstated.
11. **Do not begin practice prior to Board issuance of your license.**

**INITIAL APPLICATION CHECKLIST**

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| **CHECK****MARK** | **REQUIRED DOCUMENTATION** | **SUBMISSION METHOD** |
|  | 1. **APPLICATION AND FEE**
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|[ ]  Complete the enclosed application and mail it with the application fee to the address at the end of the application.  | **MAIL** |
|  | 1. **ACTIVE MILITARY ORDERS**
 |  |
|[ ]  Submit a copy of the active order that stations you or your spouse in Virginia.* If your relocation orders do not specify a duration, upon approval, this license will be effective for three years.
* Any such license provided under the Servicemembers Civil Relief Act may be extended. It is the responsibility of the licensee to submit a timely extension request and supporting documentation demonstrating that the relocation orders are still valid.
 | **EMAIL, FAX, OR MAIL** |
|  | **3. PROFESSIONAL LICENSE VERIFICATION** |  |
| [ ]  | Request verification of the status of your professional license or certificate that you have actively used during the two years immediately preceding your relocation to Virginia. * To request verification of a license to practice, contact the applicable jurisdiction where you were issued a license to practice, or
* You may submit a copy of an online primary source license verification, or
* This verification can be emailed to medbd@dhp.virginia.gov, or
* Some licensing boards use Veridoc to send verifications. Check with [Veridoc](https://veridoc.org/) to see if your board uses this service.
 | **EMAIL, FAX, OR MAIL**  |
|  | **4. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY** |  |
|[ ]  Complete the [online NPDB self-query](https://www.npdb.hrsa.gov/pract/selfQueryBasics.jsp) form.* The Board accepts digitally certified electronic copies that can be emailed to medbd@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 forward it to the Virginia Board of Medicine.
 | **ONLINE OR SENT****DIRECTLY FROM NPDB** |

**EMEN**

**ACTIVE DUTY SERVICEMEMBER/SPOUSE**

 **LICENSE PORTABILITY APPLICATION**

To the Board of Medicine of Virginia:

I hereby submit this application pursuant to the Servicemembers Civil Relief Act (SCRA) for the profession indicated below with the applicable fee:

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| * Acupuncturist - $130.00
 | * Genetic Counselor - $130.00
 | * Osteopathy - $302.00
 | * Rad Technologist-Limited - $90.00
 |
| * Athletic Trainer - $130.00
 | * Medicine - $302.00
 | * Physician Assistant - $130.00
 | * Radiologist Assistant - $130.00
 |
| * Asst. Behavior Analyst - $70.00
 | * Midwife - $277.00
 | * Podiatry - $302.00
 | * Respiratory Therapist - $130.00
 |
| * Behavior Analyst - $130.00
 | * Occupational Therapist - $130.00
 | * Polysomnographic Tech. - $130.00
 | * License Surgical Assistant - $75.00
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| * Chiropractic - $277.00
 | * Occupational Therapist Asst. - $70.00
 | * Radiologic Technologist - $130.00
 | * Surgical Technologist - $75.00
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| **1. Applicant Information (Please Print or Type)** |
| **Last**      | **First**       | **Middle**      | **Suffix**      |
| **Date of Birth**Click or tap to enter a date.  | **Social Security No. or DMV VA Control** **No**.\*       | **Maiden Name if applicable**      |
| **Public Address** (This address may be shared with the public): | **House No. Street or PO Box**      | **City, State and Zip**      |
| **Board Address** (This address is used for Board Correspondence and may be the same or different from the public address): | **House No. Street or PO Box**      | **City, State and Zip**      |
| **Work Phone Number**      | **Home/Cell Phone Number**      | **Email Address**      |
| To ensure timely communication, submit address, email, and phone number changes in writing to medbd@dhp.virginia.gov.**\*** In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number, or your control number issued by the Virginia Department of Motor Vehicles (DMV). These numbers are used by the Department of Health Professions for identification and is not disclosed for other purposes except as provided by law. |
| Attach a check or money order payable to the *Treasurer of Virginia* in the amount shown beside your profession. **The application is not processed until the fee is paid in full.** |
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| **\*\*\*DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY\*\*\*** |
| **APPROVED BY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **List all professional licenses or certificates you have been issued in other jurisdictions to practice in the discipline for which you are applying for licensure in Virginia, and attest whether each such license or certificate is in good standing or if expired was in good standing at the time of expiration.**
 |
| **Jurisdiction** | **Good Standing Attestation**  |
|       | **☐ Yes ☐ No** |
|       | **☐ Yes ☐ No** |
|       | **☐ Yes ☐ No** |
|       | **☐ Yes ☐ No** |
|       | **☐ Yes ☐ No** |
| Additional jurisdictions can be entered on supplemental form following this application. |
| **QUESTIONS** | **Y** | **N** |
| 1. Are you an active duty servicemember or the spouse of an active-duty service member who is relocating to Virginia because of military orders?
 | **☐** | **☐** |
| 1. Do you hold a current active, unrestricted license in good standing to practice in another jurisdiction that was actively used for practice during the two years immediately preceding your relocation to Virginia? If yes, please identify the jurisdiction: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |[ ] [ ]
| **AFFIDAVIT OF APPLICANT** |
| I certify by my signature below:* I am the applicant and meet the eligibility requirements of Section 4025(a) of the Servicemembers Civil Relief Act (SCRA)(50 U.S.C. §4025(a)).
* I have carefully read the [Laws and Regulations](https://www.dhp.virginia.gov/Boards/Medicine/PractitionerResources/LawsRegulations/) related to my profession, and I fully understand that funds submitted as part of the application process shall not be refunded.
* I certify that the information provided on this application and supporting documents is true and complete.
* I understand that providing false or misleading information may be grounds for denial of an application or disciplinary action following issuance of a license.
* I agree to submit to the authority of the Virginia Board of Medicine for the purposes of standards of practice, discipline, and fulfilment of any continuing education requirements.
 |
| **Signature of Applicant** | Click or tap to enter a date.**Date** |

**Please print and mail completed application with appropriate fee to:**

Virginia Board of Medicine

9960 Mayland Drive

Suite 300

Henrico, VA 23233

**ACTIVE DUTY SERVICEMEMBER/SPOUSE**

 **LICENSE PORTABILITY APPLICATION**

Supplemental Form

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **List all professional licenses or certificates you have been issued in other jurisdictions to practice in the discipline for which you are applying for licensure in Virginia, and attest whether each such license or certificate is in good standing or if expired was in good standing at the time of expiration.** |
| **Jurisdiction** | **Good Standing Attestation**  |
|       | **☐ Yes ☐ No** |
|       | **☐ Yes ☐ No** |
|       | **☐ Yes ☐ No** |
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