

**INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR
PHYSICIAN ASSISTANT LICENSURE
BY RECIPROcity**

Applying for a physician assistant license by reciprocity is a significantly streamlined application/licensure process, which is different from applying through the traditional pathway. To be eligible for licensure by reciprocity as a physician assistant, you must meet the following criteria:

1. Hold a current, unrestricted license in the contiguous state/jurisdiction of Maryland or the District of Columbia;
2. Verify that you do not have any restrictions on a license issued by another United States jurisdiction or in Canada;
3. Verify that there is no pending disciplinary matter or investigation by any State Board or licensing authority in any jurisdiction;
4. Verify that you are not currently being monitored in a licensing board's health program;
5. Verify that you have not had 3 or more malpractice paid claims within the most recent 10-year period;
6. Verify that you will practice in accordance with a practice agreement maintained with a Doctor of Medicine, Doctor of Osteopathy, or Doctor of Podiatric Medicine licensed in Virginia;
7. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and
8. Have no grounds for denial based on provisions of [§54.1-2915](#) of the Code of Virginia or Regulations of the board.

If you do not meet these criteria, you must apply through the traditional pathway at:

<https://www.dhp.virginia.gov/Boards/Medicine/ApplicantResources/ApplyforLicense/>

If you believe you meet the criteria for licensure by reciprocity, then finish reading the following instructions prior to proceeding to the application. However, if the Board deems any of the required criteria unmet, your application will be routed to the traditional pathway, which requires significantly more supporting documentation and takes significantly more time.

Application fees are nonrefundable, including if you wish to withdraw your application for any reason

IF YOU WISH TO PROCEED, THE FOLLOWING WILL BE EXPECTED OF YOU.

- 1) **Application** – complete the online application at <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of **\$130.00**. Application fees may only be paid using Visa, American Express, MasterCard or Discover.

NOTE: FOR ANY “YES” ANSWER TO ANY OF THE APPLICATION QUESTIONS #1-5 AND ANY “NO” ANSWER TO ANY OF THE APPLICATION QUESTIONS #6-7, you are ineligible to be licensed as a physician assistant through the reciprocity pathway. Depending on the answer provided to application questions 5 & 6, additional explanation and/or documentation may be needed.

- 2) **Practice Address** – on the application, provide your current practice address and the address of your projected practice location in Virginia.
- 3) **State License verification** – 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.
- 4) **NPDB Self Query** - request a report from the National Practitioner Data Bank that you send to the Board in accordance with the following instructions:

Complete the online form [here](#) and be ready to provide:

- Identifying information such as name, date of birth, Social Security number
- State health care license information
- Credit or debit card information for the fee

The Board will accept a PDF of a **digitally certified** copy of the NPDB report forwarded by the applicant. This document should be sent to:

PAReciprocityVerification@dhp.virginia.gov.

If you request that your self-query report be mailed to you, when you receive your report in the mail from NPDB, **DO NOT OPEN IT**. Place your unopened NPDB report in an oversized envelope and forward it to the Virginia Board of Medicine. The Board recommends using Fed EX or UPS for tracking purposes. The Board of Medicine does not track any mail or package that is sent through the US Postal Service.

- 5) Provide answers to all the questions in the online or paper application. **NOTE: FOR ANY “YES” ANSWER TO ANY OF THE APPLICATION QUESTIONS 1-5 AND ANY “NO” ANSWER TO ANY OF THE APPLICATION QUESTIONS #6-7, you are ineligible to be licensed through the reciprocity pathway. Depending on the answer provided to application questions 5 & 6, additional explanation and/or documentation may be needed.**

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 2-3 business days from the date of submission for your application checklist to appear on the Board’s website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 5 business days after they are received. If you find your checklist does not exist or indicates that documents have not been posted in accordance with the timeframes noted, e-mail the Board at PAReciprocityVerification@dhp.virginia.gov with “Application Question” in the subject line. The Board strives to answer all e-mail inquiries within 3-5 business days.

The Board’s mailing address for supporting documentation of **reciprocity applications only** is:

**The Virginia Board of Medicine
Perimeter Center
c/o: PA Reciprocity Application
9960 Mayland Drive, Suite 300
Henrico, VA 23233**

Application fees are nonrefundable, including if you wish to withdraw your application for any reason