

APPLICATION INSTRUCTIONS TO PRACTICE MEDICINE BY ENDORSEMENT DOCTOR OF MEDICINE (MD) - DOCTOR OF OSTEOPATHY (DO) DOCTOR OF PODIATRY (DPM)

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, Doctor of Osteopathy, or Doctor of Podiatry 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 endorsement application fee for a MD/DO/DPM license is \$302.00.
4. Applications EXPIRE 180-days 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. If the Board deems any of the required criteria for endorsement is unmet, your application will be routed to the traditional pathway for an initial license in Virginia.
10. **Do not begin practice 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.

ELIGIBILITY CRITERIA

1. Hold a current, active license in a United States jurisdiction or Canada
2. Be engaged in active practice, defined as two (2) out of the last five (5) years immediately preceding application to the Board, where such practice is not required to be consecutive.
3. Verify that the most recent license held in another United States jurisdiction or in Canada, is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement.
4. Hold a current certification with one of the following:
 - American Board of Medical Specialties;
 - Bureau of Osteopathic Specialists;
 - American Board of Foot and Ankle Surgery;
 - American Board of Podiatric Medicine;
 - Fellowship of Royal College of Physicians of Canada;
 - Fellowship of the Royal College of Surgeons of Canada; or
 - College of Family Physicians of Canada.
5. Have no grounds for denial based on provisions of the [Code of Virginia §54.1-2915](#) or Regulations of the Board nor any disciplinary restrictions on a current, active license.

If you DO NOT meet the eligibility criteria, you must apply through [the traditional application pathway](#).

ENDORSEMENT APPLICATION 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. Make your check or money order payable to the <i>Treasurer of Virginia</i>.</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 CHRONOLOGY	
<input type="checkbox"/>	<p>List your employment activities in chronological order within the application.</p> <ul style="list-style-type: none"> Provide a chronology of your work history for the five (5) years leading up to this application. If you need more space than what is provided in the online application, use the Endorsement Supplemental Form. 	ONLINE
	3. PROFESSIONAL LICENSE VERIFICATION	
<input type="checkbox"/>	<p>Request verification of your license to practice medicine.</p> <ul style="list-style-type: none"> Provide verification of the most recent license held in another United States jurisdiction or in Canada that is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement. The Board does not require verification of training licenses. 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 med-endorsement@dhp.virginia.gov, faxed to (804) 527- 4426, or mailed to the address at the top of these instructions. Many medical boards use Veridoc to send their license verifications. Check with Veridoc to see if your other jurisdiction license board uses this service. 	EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION
	4. SPECIALTY CERTIFICATION DOCUMENT <i>(No prior license restrictions)</i>	
<input type="checkbox"/>	<p>Request that your certification from the appropriate entity listed in section 1 of this checklist be sent directly to the Board. Verification is required to come directly from the certifying body jurisdiction.</p> <ul style="list-style-type: none"> This documentation can be mailed, faxed, or emailed to med-endorsement@dhp.virginia.gov. 	EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION
	5. 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 that can be emailed to med-endorsement@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 AND SENT DIRECTLY FROM NPDB

	6. MALPRACTICE CLAIMS HISTORY	
<input type="checkbox"/>	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 claim and any available documentation indicating disposition. This documentation can be mailed, faxed, or emailed to med-endorsement@dhp.virginia.gov .	MAIL, FAX, OR EMAIL
	7. NAME CHANGE	
<input type="checkbox"/>	Provide copies of documentation supporting any name changes differing from your previous license.	EMAIL, FAX, OR MAIL

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