

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE MEDICINE IN VIRGINIA FOR GRADUATES OF ALLOPATHIC MEDICAL SCHOOLS AND OSTEOPATHIC MEDICAL SCHOOLS

(This form has been designed to be used as a checklist when preparing to submit your application.)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

This is not the application for a training license to practice as a resident or fellow. This application for a full and unrestricted MD or DO license to practice medicine in Virginia.

You should familiarize yourself with the qualifications required for a full license by reviewing the laws and regulations governing the practice of medicine in Virginia. They can be found at: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. The process may take 2-3 months, so plan accordingly if you are pursuing a practice position in Virginia.

The Virginia Board of Medicine accepts the verified documentation provided by the Federation Credentials Verification Service (FCVS), in case you choose to engage FCVS to help you with your application. <http://www.fsmb.org/licensure/fcvs/>

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 30 days for your application checklist to appear on the Board's website. Supporting documentation will be added to your checklist as it is received and may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at medbd@dhp.virginia.gov with "Application Question" in the subject line. E-mails will be answered within 2 business days. Note* the electronic checklist is only available for applications submitted on-line.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

1. Complete the online application. <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$302.00. Application fees may only be paid using Visa, MasterCard or Discover.

2. Examination Scores – If you took all three steps of the USMLE examination or the FLEX examination, contact the Federation of State Medical Boards (FSMB) at (817) 868-4000 or www.fsmb.org to have your scores submitted to the Board. Scores MAY NOT be faxed and MUST come directly from the FSMB. **If using the FCVS credentialing service, scores will be included.**

If you took the National Board of Osteopathic Medical Examinations or the COMLEX you may request copies of your transcripts at <http://www.nbome.org/transcript-request.asp> or by calling (866) 479-6828. Scores MAY NOT be faxed and MUST come directly from the National Board. **If using the FCVS credentialing service, scores will be included.**

If you took the National Board of Medical Examiners or a combination of the USMLE examination, contact the National Board of Medical Examiners at (215) 590-9500 or www.nbme.org to have your scores submitted to the Board. Scores MAY NOT be faxed and MUST come directly from the National Board. **If using the FCVS credentialing service, scores will be included.**

If you took the LMCC examination, contact the Medical Council of Canada (MCC) at (613) 521-6012. Scores MAY NOT be faxed and MUST come directly from the MCC. **If using the FCVS credentialing service, scores will be included.**

If you took a state examination, contact the state agency or licensure board to have your scores submitted to the Board. Scores MAY NOT be faxed and MUST come directly from the agency maintaining your score. **If using the FCVS credentialing service, postgraduate training verification is included.**

3. Transcripts – **Official medical school transcripts must be received by the Virginia Board of Medicine.** Medical school transcripts must be official and bear the school seal. Transcripts will only be accepted if they come directly from the medical school to the Board or if sent to the Board by the applicant in the same unopened envelope in which they were received. **If Using FCVS, transcripts will be included. If using EPIC, you may request that EPIC Verification Reports for your United States or Canadian postgraduate training be sent to the Board through EPIC. Visit <http://www.ecfmgepic.org/instructions-virginia.html> for instructions.**

4. Employment Activity (Form B) Questionnaire – List all activities from the date of graduation from medical school including but not limited to internships, residencies, fellowships, employment, affiliations, private practice, periods of non-activity or unemployment, observerships and volunteer service in the “Employment Activity” section of the application beginning with your first activity following medical school graduation. Follow this link to obtain a Form B:

[Form B - Hospital/Employment History Questionnaire](#)

Form B’s sent to the Virginia Board of Medicine by the applicant will not be accepted.

Form B employment verifications should be completed by a physician who has knowledge of your professional practice. Form B’s not completed by a physician may not be accepted.

A completed Form B Activity Questionnaire or a letter of recommendation must be received from all places of practice or professional employment, observerships, professional research positions or professional volunteer service listed for the past 5 years.

If engaged in private practice, without hospital affiliation, have another physician who is not related submit a letter attesting to your practice.

For applicants practicing tele-radiology or tele-pathology, a form B is only required from the medical director of the company to which you are employed. To be accepted, the Form B must be signed by the medical director with a complete professional evaluation.

For applicants practicing all other forms of telemedicine and for Locum Tenens physicians employment verifications must be received from each location of service in the past 5 years.

Completed Form B's may be attached as a PDF and sent to medbd@dhp.virginia.gov , faxed to (804) 527-4426 or mailed by the person completing the document. **The Board of Medicine is unable to track any mail or other package that is sent via the United States Postal Service.**

6. Postgraduate training –

A completed Form B Activity Questionnaire or a letter of recommendation must be received from all places of postgraduate training including internships, residencies and fellowships listed for the past 5 years. If your postgraduate training occurred more than 5 years ago, you may fulfill this requirement by sending copies of your certificates of completion. Otherwise have your program complete and forward Form B. PDF attachments may be emailed to medbd@DHP.Virginia.gov, faxed to (804) 527-4426 or mailed. **If using the FCVS credentialing service, postgraduate training verification is included. If using EPIC, you may request that EPIC Verification Reports for your United States or Canadian postgraduate training be sent to the Board through EPIC. Visit <http://www.ecfmgepic.org/instructions-virginia.html> for instructions. The Board of Medicine is unable to track any mail or other package that is sent via the United States Postal Service.**

7. Jurisdiction Clearance – License Verification

Verification of medical licenses from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a full license must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a license to practice medicine to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed. **This documentation is NOT provided by the FCVS credentialing service.**

8. NPDB Self Query – Complete the online [self-query](#) order form. Be ready to provide:

- Identifying information such as name, date of birth, Social Security number
 - State health care license information (if you are licensed)
 - Credit or debit card information for the \$4.00 fee (charged for each copy you request)
2. **Verify your identity.** This can be done electronically as part of your order or by completing a paper form and having it notarized. You will receive full instructions as you complete your order.
 3. **Wait for your response.** Once your identity is verified, the NPDB will process your order. A paper copy of your response will be sent the next business day by regular U.S. mail.

The Board does not accept emailed copies of the NPDB report. 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 is unable to track any mail or other package that is sent via the United States Postal Service.**

Any NPDB report received for an application not completed within 3 months of receipt of the NPDB report will have to be resubmitted.

Items 9 is for graduates of medical schools outside of the U.S. and Canada.

9. ECFMG Certification: To request your ECFMG certification follow this link <https://cvsonline2.ecfmg.org/> or you may provide the Board with a currently notarized copy of your ECFMG certificate. ECFMG verification **may not** be faxed.

Please note:

- ▶ Applications not completed within 12 months may be purged without notice from the board.
- ▶ Additional information not already listed may be requested at any time during the process.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Osteopathy and Surgery | <input type="checkbox"/> Radiologic Technologist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Medicine and Surgery | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Radiologic Technologist - Limited |
| <input type="checkbox"/> BCaBA | <input type="checkbox"/> Midwife | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Radiologist Assistant |
| <input type="checkbox"/> BCBA | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Polysomnographic Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Occupational Therapist Assistant | | |



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Virginia Department of Health Professions

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Phone: (804) 367-4600
Fax: (804) 527-4426
Email: medbd@dhp.virginia.gov

Please provide name and address of setting/organization exactly as it appears on your application chronology.

Clearly print/type name of applicant

Name of Setting: _____

Address: _____

Last 4 of Social Security Number XXX-XX-_____

City, State, Zip: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____
from _____ to _____.
(Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (please indicate with check mark) Recommend highly and without reservation Recommend as qualified and competent
 Recommend with some reservation (explain) _____
 Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____

5. The above report is based on: (please indicate with check mark)
 Close personal observation General impression A composite of evaluations
 Other: _____

Date (Required): _____

Signed by: _____

Print or type name: _____

Signator Contact Number: (_____) _____

Title: _____