



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](#) 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 application, have it notarized and mail it to the Board with supporting documentation and the appropriate application fee.
3. Your application will not be processed until the fee is paid. Application fees are nonrefundable.
4. Applications EXPIRE 180 days 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 one primary source state license verification that is in good standing.
6. [National Practitioner Data Bank \(NPDB\)](#) self-query reports expire in 180 days of receipt by the Board.
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 you must provide an address to the Board that will be made available to the public. You must also provide an address at which the Board can use for communicating with you. The two addresses may be one and the same or they may be two separate addresses. The Board address will not be released to the public.
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. **Do not begin practice prior to Board issuance of your license.**

INITIAL APPLICATION CHECKLIST

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
	1. APPLICATION AND FEE	
<input type="checkbox"/>	Complete the enclosed application and mail it with the application fee to the address at the end of the application.	MAIL
	2. ACTIVE MILITARY ORDERS	
<input type="checkbox"/>	<p>Submit a copy of the active order that stations you and/or your spouse in Virginia.</p> <ul style="list-style-type: none"> • Any license issued under SCRA is effective for the duration of the relocation order. If your relocation order does not specify a duration, the license will be effective for three years. • Any license issued under SCRA may be extended. It is the responsibility of the licensee to submit a timely extension request and supporting documentation. 	EMAIL, FAX, OR MAIL
	3. PROFESSIONAL LICENSE VERIFICATION	
<input type="checkbox"/>	<p>Provide one primary source state license verification that is in good standing.</p> <ul style="list-style-type: none"> • To request verification of a license to practice, contact the applicable jurisdiction where you were issued the license to practice, or • You may submit a copy of an online <u>primary source</u> 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 to see if your licensing board uses this service. 	EMAIL, FAX, OR MAIL
	4. 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 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
	5. MILITARY SPOUSES	
<input type="checkbox"/>	The SCRA requires a military spouse to present a copy of the marriage certificate as part of the application. A copy of the certificate may be mailed to the Board's address, emailed to medbd@dhp.virginia.gov , or faxed to 804-527-4426.	EMAIL, FAX, OR MAIL



9960 Mayland Drive, Suite 300
 Henrico, Virginia 23233-1463
www.dhp.virginia.gov/medicine

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

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:

<input type="checkbox"/> Acupuncturist - \$130.00	<input type="checkbox"/> Genetic Counselor - \$130.00	<input type="checkbox"/> Osteopathy - \$302.00	<input type="checkbox"/> Rad Technologist-Limited - \$90.00
<input type="checkbox"/> Athletic Trainer - \$130.00	<input type="checkbox"/> Medicine - \$302.00	<input type="checkbox"/> Physician Assistant - \$130.00	<input type="checkbox"/> Radiologist Assistant - \$130.00
<input type="checkbox"/> Asst. Behavior Analyst - \$70.00	<input type="checkbox"/> Midwife - \$277.00	<input type="checkbox"/> Podiatry - \$302.00	<input type="checkbox"/> Respiratory Therapist - \$130.00
<input type="checkbox"/> Behavior Analyst - \$130.00	<input type="checkbox"/> Occupational Therapist - \$130.00	<input type="checkbox"/> Polysomnographic Tech. - \$130.00	<input type="checkbox"/> License Surgical Assistant - \$75.00
<input type="checkbox"/> Chiropractic - \$277.00	<input type="checkbox"/> Occupational Therapist Asst. - \$70.00	<input type="checkbox"/> Radiologic Technologist - \$130.00	<input type="checkbox"/> Surgical Technologist - \$75.00

1. Applicant Information (Please Print or Type)			
Last	First	Middle	Suffix
Date of Birth <small>Click or tap to enter a date.</small>	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	
<p>To ensure timely communication, submit address, email, and phone number changes in writing to medbd@dhp.virginia.gov.</p> <p>* 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.</p>			
<p>Attach a check or money order payable to the <i>Treasurer of Virginia</i> in the amount shown beside your profession. The application is not processed until the fee is paid in full.</p>			

*****DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY*****

APPROVED BY _____

DATE _____

QUESTIONS		Y	N
2. Are you an active duty servicemember who is relocating to Virginia due to military orders?		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you the spouse of an active duty servicemember who is relocating to Virginia due to military orders?		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you hold a current active, unrestricted license in good standing to practice in another jurisdiction? If yes, please identify the jurisdiction: _____		<input type="checkbox"/>	<input type="checkbox"/>
5. 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 license or certificate is in good standing.			
Jurisdiction	Good Standing Attestation		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional jurisdictions can be entered on the supplemental form following this application.			
AFFIDAVIT OF APPLICANT			
I certify by my signature below:			
<ul style="list-style-type: none"> I am the applicant and meet the eligibility requirements of the Servicemembers Civil Relief Act (50 U.S.C. §4025(a)). I have carefully read the Virginia Laws and Regulations related to licensure and the scope of practice of my profession, and certify that I meet and will comply with all such requirements. I am in good standing in all jurisdictions in which I hold or have held a license to practice in the discipline for which I am applying. The license identified in question 4 above has not been revoked or disciplined or voluntarily surrendered while under investigation for unprofessional conduct and there is no pending investigation of unprofessional conduct relating to that license. 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 fulfillment of any continuing education requirements. 			
Signature of Applicant		Click or tap to enter a date. Date	

State/ County of _____

The foregoing instrument was acknowledged and sworn before me

this _____ day of _____

by _____

NOTARY
SEAL

