

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS A  
PHYSICIAN ASSISTANT IN VIRGINIA**

*(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!**

**NOTE**

**AN APPLICATION THAT IS NOT COMPLETE EXPIRES ONE YEAR AFTER IT IS SUBMITTED TO THE BOARD. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL NECESSARY SUPPORTING DOCUMENTS ARRIVE AT THE BOARD PRIOR TO THE EXPIRATION DATE. IF THE ORIGINAL APPLICATION EXPIRES, THE APPLICANT MUST SUBMIT ANOTHER APPLICATION, PAY THE APPLICATION FEE AGAIN AND ENSURE THAT NEW SUPPORTING DOCUMENTS ALSO GET TO THE BOARD.**

This is the application for a full and unrestricted license to practice as a physician assistant in Virginia.

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of a Physician Assistant in Virginia. They can be found at: <https://www.dhp.virginia.gov/Boards/Medicine/PractitionerResources/LawsRegulations/>

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. You should not expect the process to take less than 2-3 months, so plan accordingly if you are pursuing a practice position in Virginia.

**NB:** Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

Certain forms may be faxed to 804-527-4426. The phone number to the Virginia Board of Medicine is 804-367-4600. The email address for Physician Assistants is [pa-medbd@dhp.virginia.gov](mailto:pa-medbd@dhp.virginia.gov).

**Mailing Address**

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

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

1. **Application and Fee** – Complete the online application which includes paying the required application fee of \$130.00. Application fees may only be paid using Visa, MasterCard, AmericanExpress or Discover.
- 2.
3. **Form L: Proof of Professional Education:** This form can be found on the board website and must be completed by your professional school as directed. This documentation **should not** be faxed. If using FCVS this documentation will be provided. In the alternative, a letter from the program director documenting completion of the educational coursework is acceptable
4. **NCCPA:** If you are a new applicant, or your previous Virginia license expired over 2 years ago, you must request one of the following:
- 1) statement of current certification
- OR
- 2) a letter of eligibility submitted **DIRECTLY FROM** the NCCPA, Inc., 12000 Findley Road, Suite 200, Duluth GA 30097; (678) – 417-8100. Verification of current certification may be mailed to the board office or emailed directly from NCCPA. Faxes are not acceptable. After initial licensure, you must maintain a current NCCPA status or you will not be considered licensed by the board. **Personal copies of your certificate are not acceptable.** If using FCVS a statement of current certification will be provided.

**Items 4-6 are not required if you have never practiced your profession and you have never held licensure in another jurisdiction.**

5. **Employment Activity** – List all activities from the date of graduation from your professional school including but not limited to internships, employment, affiliations, periods of non-activity or unemployment, observerships and volunteer service in the “Employment Activity” section of the application beginning with your first activity following professional school graduation. If you are employed by a group practice or locum tenens/traveler company, please list all locations where you have provided service or held privileges. If you need additional space to record your activities, follow this link to obtain a supplemental form and submit with your application:

**Supplemental Form:** <https://www.dhp.virginia.gov/media/dhpweb/docs/med/forms/SupplementalForm.pdf>

**For applicants practicing as travelers or locum tenens, or if you are practicing telemedicine, have the company you are affiliated with provide a complete list of all locations and dates where you have provided service.**

6. **License Verification:** Contact the applicable jurisdiction where you have been issued a license to practice as a physical assistant to inquire about having documentation forwarded to the Virginia Board of Medicine. Verification must come from the jurisdiction and maybe sent by email to [pa-medbd@dhp.virginia.gov](mailto:pa-medbd@dhp.virginia.gov) , faxed to (804) 527-4426, or mailed. Please contact the applicable jurisdictions to inquire about processing fees. **Be sure to check with VERIDOC.ORG** as some states use this service for their license verifications in which case you will not need to contact the Boards where you hold other licenses. If you are a new graduate with no licenses in any state or US jurisdiction, you will not need to provide license verifications.
7. **NPDB Self Query** –

Complete the online **Place a Self-Query Order** form at <https://www.npdb.hrsa.gov/>.

Be ready to provide:

- o Identifying information such as name, date of birth, Social Security number
- o State health care license information (if you are licensed)
- o Credit or debit card information for the \$4.00 fee (charged for each copy you request)

**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.

**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.

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.

- 8. Provide a copy of documentation supporting any name change.
- 9. If you answer “yes” to any question 5-17, provide supporting documentation to the Board and you or your attorney should provide a narrative explaining your answer. Please provide court documentation, including final disposition for any lawsuits or convictions.

**PLEASE NOTE:**

\*Please be aware that 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. This notice is to reiterate that the Board of Medicine will allow the Board address of record to be a Post Office Box or practice location.

\*Applications will be acknowledged after receipt if items are missing.

\*Applications not completed within 12 months may be purged without notice from the board.

\*Additional information may be requested after review by Board representatives.

***\*Application fees are non-refundable.***

\* Do not begin practice until you have been notified of approval. Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

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