Virginia Department of Health Professions
Board of Medicine
Advisory Board on Polysomnographic Technology

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APPLICATION INSTRUCTIONS TO PRACTICE AS A POLYSOMNOGRAPHIC TECHNOLOGIST BY ENDORSEMENT

GUIDANCE

1. Familiarize yourself with the qualifications required for a full license by reviewing the Laws and Regulations governing the practice as a polysomnographic technologist 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 $130.00.
4. Applications EXPIRE one year 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 at least one current, unrestricted license in a United States jurisdiction or Canada
2. Verify that at least one license issued by another United States jurisdiction or in Canada, is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement.
3. Verify professional credential in polysomnographic technology as required in 18VAC85-140-60
4. Documentation of current certification in Basic Life Support for Health Care Providers with a hands-on practice training evaluation segment
5. Have no grounds for denial based on provisions of the Code of Virginia §54.1-2915 or regulations of the Board.

If you DO NOT meet the eligibility criteria, you must apply through the traditional application pathway.

POLYSOMNOGRAPHIC TECHNOLOGIST BY ENDORSEMENT APPLICATION CHECKLIST

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
	1. APPLICATION AND FEE	
☐	Complete the online application and submit it with the non-refundable application fee of $130. • 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	
☐	List your employment activities in chronological order within the application. • This must include **all professional activities** for the five (5) years immediately preceding this application, or since graduation if it occurred less than 5 years ago. Include any internships, affiliations, observerships, additional training, and volunteer service, and any gaps in employment (e.g., taking time off for an extended vacation, sabbatical, or leave of absence, maternity, or paternity leave). • If you are employed by a group practice or locum tenens/traveler company, please list all locations where you provided service or held privileges. If more space is needed to record your activities, use the supplemental form and submit with your application.	**ONLINE** **EMAIL, FAX, OR MAIL**
	3. PROFESSIONAL LICENSE VERIFICATION	
☐	Request verification of your license to practice as a polysomnographic technologist. • Verification from a jurisdiction within the United States, its territories and possessions or Canada in which you have been issued a license/certificate/registration or permit to practice as a polysomnographic technologist must be received by the Board. Please contact the jurisdiction where you have been issued a license/certificate/registration or permit to practice as a polysomnographic technologist to inquire about having documentation forwarded to the Virginia Board of Medicine. Verification must come directly from the jurisdiction and may be sent by email to rpsgt-medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.	**EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION**

	4. VERIFICATION OF PROFESSIONAL CREDENTIAL	
☐	An applicant for a license to practice as a polysomnographic technologist shall provide original source documentation (not a copy) of one of the following: 1. Current certification as a Registered Polysomnographic Technologist (RPSGT) by the Board of Registered Polysomnographic Technologists; 2. Documentation of the Sleep Disorders Specialist credential from the National Board of Respiratory Care (NBRC-SDS); or 3. A professional certification or credential approved by the board from an organization or entity that meets the accreditation standards of the Institute for Credentialing Excellence.	**SENT DIRECTLY FROM CREDENTIALING BODY TO THE BOARD**
	5. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY	
☐	Complete the online NPDB self-query form. • The Board accepts digitally certified electronic copies that can be emailed to rpsgt-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 AND SENT DIRECTLY FROM NPDB**
	6. BASIC LIFE SUPPORT	
☐	• Provide documentation of current certification in Basic Life Support for Health Care Providers with a hands-on practice training evaluation segment.	**MAIL, FAX, OR EMAIL**
	7. NAME CHANGE	
☐	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.