

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE POLYSOMNOGRAPHIC
TECHNOLOGY 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 180 DAYS 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 polysomnographic technology in Virginia.

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

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 15 business days for your application checklist to be updated on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 15 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 rpsgt-medbd@dhp.virginia.gov. 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.

The Board of Medicine discourages the use of the United States Postal Service to send documents. If possible, and if noted below, you are encouraged to have your documents sent by pdf attachment or FAX. The Board is unable to trace documents not delivered by the post office. If you wish to send your documents by overnight mail, please use FED EX or UPS.

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.

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 nonrefundable application fee of \$130.00. Application fees may only be paid using Visa, MasterCard, American Express or Discover. Application and fees must be received together.
- ☐ 2. 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 which is a member of the National Organization for Competency Assurance.
- ☐ 3. Provide documentation of current certification in Basic Cardiac Life Support with a hands-on practice training evaluation segment.
- ☐ 4. Copies of documentation supporting any name change.
- ☐ 5. If you answer “yes” to any question #5-17, provide supporting documentation to the Board and you or your attorney should also provide a narrative explaining your answer. Please provide court documentation, including final disposition for any lawsuits or convictions.

Items 6-8 are not required if you have never practiced your profession and you have never held licensure in another jurisdiction.

- ☐ 6. **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/Forms/medicine/SupplementalForm.pdf>

For applicants practicing as travelers, provide a complete list of all locations and dates where you have provided service.

- ☐ 7. **License Verification** - Verification of professional license from a jurisdiction 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 polysomnographic technology 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 rpsgt-medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.
- ☐ 8. **NPDB Self Query** – Complete the online **[Place a Self-Query Order](https://www.npdb.hrsa.gov/)** 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.

PLEASE NOTE: The Board would accept a digitally-certified electronic copy of your NPDB self-query report, if requested, in lieu of a mailed copy. The digitally-certified copy can be emailed to rpsgt-medbd@dhp.virginia.gov . **An NPDB report received for an application not completed within 6 months of receipt of the NPDB report will have to be resubmitted.**

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.

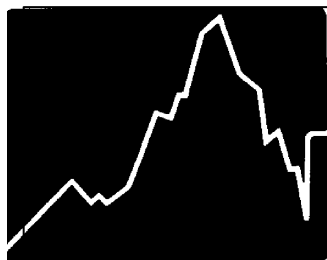
*Applications not completed within 180 days may be purged without notice from the board.

*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.

Print Name: _____

**Department of Health Professions
Commonwealth of Virginia****Board of Medicine**
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463Phone (804) 367-4613
FAX (804) 527-4426

To Whom It May Concern:

The person listed below is applying for a license to practice polysomnographic technology in the state of Virginia. The Board of Medicine requests that the form be completed by each jurisdiction in which he/she holds or has held a license/certificate. Please complete the form and return it to the address below. Thank you.

Commonwealth of Virginia
Department of Health Professions
Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463_____
Name of Applicant (please print or type)_____
License/Certificate #

Name of Licensee _____ State/Commonwealth of _____

License/Certification number _____ Issued Effective _____

Licensed/Certified Through (check one)

☐ BRPT Examination☐ NBRC Examination☐ State Board of Examination☐ Endorsement from (Name of State) _____License is: Current ☐ Lapsed ☐Has the applicant's license/certificate ever been suspended or revoked? ☐ Yes ☐ NoIf yes, for what reason?
_____Derogatory information, if any
_____Comments, if any

_____**BOARD SEAL**

Signed _____

Title _____

State Board _____

NOTE TO APPLICANT: PLEASE PROVIDE LICENSE NUMBER AND FORWARD TO STATE INDICATED