

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!

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of polysomnographic technology 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. 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 provides an electronic checklist for your convenience in tracking your application. You should allow approximately 15 days for your application checklist be first 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 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 "Polysomnographic Technologist Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist listed in the Pending Licensing section, your license may have been issued by the Board. Please visit <https://www.license.dhp.virginia.gov/license/> and use your current User ID and Password to login and view your newly issued license. If you need technical assistance with your checklist contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

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.

You have selected to begin an initial application to practice as a Polysomnographic Technologist. If this license type is incorrect, please contact us at (804) 367-4444 for assistance.

Application requirements:

- 1. Complete the online application: <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$130.00. Application fees may only be paid using Visa, MasterCard or Discover.
- 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 *Verification of Practice:* A completed Form B Activity Questionnaire or a letter of recommendation must be received from all locations of service, professional employment, observerships, professional research positions or professional volunteer service listed for the past 5 years. **If you practice as a traveler, have your employer send to the Board all of your locations of service within the past 5 years to include dates and locations. The Board must receive a completed form B from each location where you provided services as a polysomnographic technologist for the past 5 years.**

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

- 5. *License Verification:* Verification of polysomnographic technologist licenses or certificates to practice from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a license, certification or registration must be received by the Board and must verify whether or not disciplinary action has been taken or is pending in that jurisdiction. **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 medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.

PLEASE CHECK APPROPRIATE PROFESSION

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> BCaBA | <input type="checkbox"/> BCBA |
| <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Midwife | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Occupational Therapist Assistant |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Polysomnographer | <input type="checkbox"/> Radiologic Technologist | <input type="checkbox"/> Radiologic Technologist - LIMITED |
| <input type="checkbox"/> Radiologist Assistant | <input type="checkbox"/> Respiratory Therapist | | |

	<p>Virginia Department of Health Professions Board of Medicine 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463</p>	<p>Phone: (804) 367-4600 Fax: (804) 527-4426 Email: medbd@dhp.virginia.gov</p>
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Please provide name and address of organization/individual exactly as it appears on your application chronology

Clearly print/type name of applicant

Last 4 of Social Security Number: _____

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)

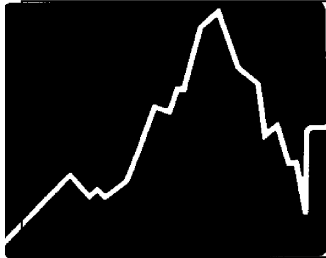
- Close personal observation General impression A composite of evaluations
- Other: _____

Date (Required): _____ Signed by: _____

Signator Contact Number: (_____) _____ Print or type name: _____

Title: _____

(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)



Department of Health Professions
Commonwealth of Virginia

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

Phone(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 No

If 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