Virginia Department of Health Professions
Board of Medicine
Advisory Board on Surgical Assistants

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REINSTATEMENT APPLICATION TO PRACTICE AS A CERTIFIED SURGICAL TECHNOLOGIST

These instructions are for licenses in an expired status for two (2) years or more ONLY. Do not complete this application if your license has been expired for less than TWO (2) years or if you are trying to reactivate a license in inactive status

1. Familiarize yourself with the qualifications required for certification by reviewing the Laws and Regulations governing practice as a Certified Surgical Technologist in Virginia.
2. **Application fees are non-refundable. Your application is NOT processed until the fee is paid. Fees must be submitted with the online application.**
3. The application fee for reinstatement of certification as a Certified Surgical Technologist is $90.00.
4. Applications EXPIRE 180 days 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.
10. **Do not begin practice until you are notified of reinstatement approval**. Submission of an application does not guarantee a reinstated certification. A review of your application could result in the finding that you are not eligible for reinstatement pursuant to Virginia laws and regulations. Additional information may be requested after review by the Board.
11. You may view the progress of your application online by logging into your application and clicking on the “View Checklist” link located in the Pending Licenses section. This link is not visible until your application fee is paid in full.

CERTIFIED SURGICAL TECHNOLOGIST REINSTATEMENT 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 $90. • 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 your certification expired 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**
4. PROFESSIONAL LICENSE OR CERTIFICATION VERIFICATION		
☐	Request verification of your license or certification to practice as a Surgical Technologist, **if licensed or certified as a surgical technologist in any other jurisdiction**. • Request verification of a license or certification to practice as a Surgical Technologist from a jurisdiction within the United States, its territories and possessions, or Canada. • Contact the applicable jurisdiction where you were issued a license or certification to practice as a Surgical Technologist to request documentation be sent directly to the Board via email to surgtech-medbd@dhp.virginia.gov, fax to (804) 527- 4426, or mail to the address at the top of these instructions.	**EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION**
5. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY REPORT		
☐	• Complete the online NPDB self-query form. Use ID.me to sign in or create an account, then follow the steps to complete the Self-Query request. • Once NPDB processes your request, sign back in, open your Self-Query order, and **download the digitally certified PDF**. Do not change the file name. • Email the **digitally-certified PDF attachment** to: surgtech-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.	**DOWNLOAD DIRECTLY FROM NPDB AND EMAIL TO BOARD OR MAILED**

6. NAME CHANGE		
☐	Provide copies of documentation supporting any name changes differing from your previous license or which occurred after your license expired.	**EMAIL, FAX, OR MAIL**

END OF INSTRUCTIONS. PROCEED TO THE APPLICATION.