



APPLICATION INSTRUCTIONS TO PRACTICE AS A LICENSED SURGICAL ASSISTANT BY ENDORSEMENT

GUIDANCE

1. Familiarize yourself with the qualifications required for a full license by reviewing the [Laws and Regulations](#) governing the licensure of surgical assistants 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 is \$130.00.
4. Applications EXPIRE 180 days (six months) 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.
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.
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.

ELIGIBILITY CRITERIA

1. Hold at least one current, active license in a United States jurisdiction or Canada that is in good standing
2. Verification of professional credential as a surgical assistant or surgical first assistant issued by the NBSTSA or NCCSA or their successor
3. 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](#).

SURGICAL ASSISTANT ENDORSEMENT APPLICATION CHECKLIST	
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CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
1. APPLICATION AND FEE		
☐	Complete the online application and submit it with the non-refundable application fee. 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 surgical assistant. - Provide verification of one license held issued by another United States jurisdiction or in Canada that is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement. - To request verification of a license to practice as a surgical assistant from a jurisdiction within the United States, its territories and possessions, or Canada, contact the applicable jurisdiction where you were issued a license to practice medicine to request documentation be sent directly the Board via email to Isa-medbd@dhp.virginia.gov, faxed to (804) 527- 4426, or mailed to the address at the top of these instructions.	EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION

4. VERIFICATION OF PROFESSIONAL CREDENTIAL		
☐	You must request the following: • Your current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA), or the National Commission for Certification of Surgical Assistants (NCCSA) or their successors • If mailing your document, original notarized document should be submitted. The Board will not accept a document that has been copied after it has been notarized. The Board will accept an electronic copy of your document emailed directly to the Board by the credential-issuing body or training program.	SENT DIRECTLY FROM NBSTSA or NCCSA, OR NOTARIZED COPY OF ORIGINAL MAILED
5. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY		
☐	• 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: lsa-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.	EMAIL, FAX, OR MAIL

END OF INSTRUCTIONS. PROCEED TO THE [ONLINE APPLICATION](#).