

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS A  
LICENSED SURGICAL ASSISTANT**

**APPLICATION FEES ARE NONREFUNDABLE  
BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!**

**NOTE**

**AN APPLICATION THAT IS NOT COMPLETE EXPIRES ONE YEAR 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.**

You should familiarize yourself with the qualifications required for licensure by reviewing the laws and regulations governing the practice of surgical assisting in Virginia. They can be found at: [https://www.dhp.virginia.gov/medicine/medicine\\_laws\\_regs.htm](https://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.

**NB:** Virginia law considers material misrepresentation of fact in an application for licensure to be unprofessional conduct. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

A completed application must be submitted along with the payment of the licensing fee of \$75.00. Applications and fees must be submitted together.

The phone number to the Virginia Board of Medicine is 804-367-4600. The Board's email address is [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)

Mailing Address

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

The Board of Medicine discourages the use of the United States Postal Service to send documents. The Board is unable to trace documents delivered by the Postal Service. If you wish to send your documents by overnight mail, please use FED EX or UPS. If noted below, certain documents may be submitted directly from the primary source entity or employer by an email PDF attachment or facsimile the Board.

Complete the application and pay the fee of \$75.00

**Surgical Assistants** - Provide to the Board evidence or documented proof of one of the three following credentialing pathways listed below. If you are selecting pathway **number 1 or 2, please mail a notarized copy of your credential or certificate to the Board.** The Board will not accept a document that has been copied after it has been notarized. If you are selecting pathway **number 3**, provide an original letter that lists your date(s) of employment on the employer's letterhead. The letter will need to be mailed directly by your employer, or may be submitted by a FAX or email PDF attachment sent directly by your employer to the Board:

1. A 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; or
2. Successful completion of a surgical assistant training program during the applicant's service as a member of any branch of the armed forces of the United States; or
3. Practice as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020.

**Please note:**

\*If you answer "yes" to any question in numbers 6-18, please provide a brief explanation on your application and send a separate written explanation to the Board, along with proof of supporting documentation of the disposition.

Please be aware that Virginia law allows an address that is public and available to those who ask for it, but it also allows for a private address as well. The private address is referred to as the "address of record", and it is the address to which communications from the Board of Medicine are to be sent. If you give only one address, the Board will consider it as public, and it will be made available to those who ask for it. For the "address of record", you may use a P.O. Box or a practice location instead of your home address.

\*Applications will be acknowledged after receipt if items are missing.

\*Applications not completed within 12 months may be purged without notice from the Board.

\*Additional information may be requested after review by Board representatives.

***\*Application fees are non-refundable.***

**PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.**