

APPLICATION INSTRUCTIONS FOR REINSTATEMENT DOCTOR OF MEDICINE (MD) AND DOCTOR OF OSTEOPATHY (DO)

These instructions are only for licenses in an expired status for over TWO years. Do not complete a reinstatement application if your license has been expired for less than TWO years, or if you are trying to [reactivate a license from inactive status](#).

1. Familiarize yourself with the qualifications required for a full license by reviewing the [Laws and Regulations](#) governing the practice as a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) in the Commonwealth of Virginia.
2. **Reinstatement application fees are nonrefundable. Your application is NOT processed until the fee is paid.**
3. The application fee for reinstatement of an MD or DO license is \$497.00.
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 overall 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. 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 you must provide an address to the Board that will be made available to the public. You must also provide an address at which the Board can use for communicating with you. The two addresses may be one and the same or they may be two separate addresses. The Board address will not be released to the public.
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 license. 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.

CHECKLIST FOR REINSTATEMENT APPLICATION

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
	1. APPLICATION AND FEE	
<input type="checkbox"/>	<p>Complete the application and submit the non-refundable fee.</p> <p>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.</p>	ONLINE
	2. EMPLOYMENT ACTIVITY	
<input type="checkbox"/>	<p>List all hospitals, clinics, doctor's offices, and all other facilities where you practiced or held privileges since your Virginia license expired.</p> <ol style="list-style-type: none"> If you have not engaged in active practice for more than four (4) years and wish to reinstate or reactivate your license, the Board may require you to pass one of the following examinations. For the purpose of determining active practice, the practitioner shall provide evidence of at least 640 hours of clinical practice within the four (4) years immediately preceding his application for reinstatement or reactivation. <ol style="list-style-type: none"> The Special Purpose Examination (SPEX) given by the Federation of State Medical Boards; or The Comprehensive Osteopathic Medical Variable Purpose Examination—USA (COMVEX-USA) given by the National Board of Osteopathic Examiners. For applicants practicing as locum tenens physicians, or if you are practicing telemedicine, have the company you are affiliated with provide a complete list of all locations and dates where you provided service. 	ONLINE
	3. PROFESSIONAL LICENSE VERIFICATION	
<input type="checkbox"/>	<p>Request verification of a license to practice medicine from a jurisdiction within the United States, its territories and possessions, or Canada.</p> <ol style="list-style-type: none"> Contact the applicable jurisdiction where you were issued this license to request verification of your license. This verification must come directly from the jurisdiction and can be emailed to md-medbd@dhp.virginia.gov or do-medbd@dhp.virginia.gov, faxed to (804) 527-4426, or mailed to the address at the top of this document. Many medical boards use Veridoc to send their license verifications. Check with Veridoc to see if your other state license board uses this service. 	MAIL, FAX, OR EMAIL DIRECTLY FROM SOURCE
	4. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY	
<input type="checkbox"/>	<p>Complete the online NPDB self-query form.</p> <ol style="list-style-type: none"> The Board accepts digitally certified electronic copies of the NPDB self-query report that can be emailed to md-medbd@dhp.virginia.gov or do-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 mail it to the Virginia Board of Medicine. 	EMAIL OR MAIL SENT DIRECTLY FROM NPDB

	5. MALPRACTICE CLAIMS HISTORY	
<input type="checkbox"/>	If you have had any malpractice claims brought against you (pending or closed) since your license expired, provide a narrative of the clinical care provided for each case. This documentation can be mailed, faxed, or emailed to md-medbd@dhp.virginia.gov or do-medbd@dhp.virginia.gov.	MAIL, FAX, OR EMAIL
	6. CONTINUING EDUCATION	
<input type="checkbox"/>	<p>Copies of certificates or documentation of completion of either Type I or Type II continuing medical education are required. Additional information addressing continued competency requirements are described under general regulations §18VAC 85-20-235 (A)(1)&(2).</p> <ol style="list-style-type: none"> 1. Provide documentation of completed continuing medical education hours equal to the requirement for the number of years in which the license has lapsed. Acceptable continuing education hours are those completed within the past four (4) years prior to applying for license reinstatement. 2. Use the following guidelines to determine the continuing medical education (CME) hours needed for reinstatement: <ol style="list-style-type: none"> 1. If your license has been expired for 2 to 2.5 years, provide 30 hours of CME. 2. If your license has been expired for 3 to 3.5 years, provide 45 hours of CME. 3. If your license has been expired for 4 or more years, provide 60 hours of CME. 	MAIL, EMAIL, OR FAX
	7. NAME CHANGE	
<input type="checkbox"/>	If applicable, provide copies of documentation of any name changes since the expiration of your Virginia license.	MAIL, EMAIL, OR FAX

END OF INSTRUCTIONS.

PROCEED TO THE ONLINE APPLICATION.