



Virginia Department of  
**Health Professions**

Board of Medicine  
Advisory Board on Physician Assistants

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

Phone: (804) 367-4600

Fax: (804) 527-4426

Email: [pa-medbd@dhp.virginia.gov](mailto:pa-medbd@dhp.virginia.gov)

## REINSTATEMENT APPLICATION INSTRUCTIONS TO PRACTICE AS A PHYSICIAN ASSISTANT

*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 a full license by reviewing the [Laws and Regulations](#) governing the practice as a Physician Assistant 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 application fee for reinstatement of a Physician assistant license is \$180.00.
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 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.

## PHYSICIAN ASSISTANT REINSTATEMENT APPLICATION CHECKLIST

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
<b>1. APPLICATION AND FEE</b>		
<input type="checkbox"/>	<p>Complete the online application and submit it with the non-refundable application fee of \$180.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<b>ONLINE</b>
<b>2. EMPLOYMENT CHRONOLOGY</b>		
<input type="checkbox"/>	<p>List your employment activities in chronological order within the application.</p> <ul style="list-style-type: none"> <li>This must include <b>all professional activities</b> for the five (5) years immediately preceding this application, or since your license 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).</li> <li>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 <a href="#">supplemental form</a> and submit with your application.</li> </ul>	<b>ONLINE</b>  <b>EMAIL, FAX, OR MAIL</b>
<b>3. VERIFICATION OF NCCPA CERTIFICATION</b>		
<input type="checkbox"/>	<p>You must request the following:</p> <ul style="list-style-type: none"> <li>A statement of current certification by the NCCPA submitted <b><u>DIRECTLY FROM the NCCPA, Inc.</u></b> to the Board. Submit your request via their PA Portal Account &gt; click "Certification Information Release" on the left side of the screen &gt; select the "send method" Send to "Virginia Licensing Board" for electronic submission directly to the Virginia State Board Portal. <b>Do not fax.</b></li> <li>After initial licensure, you must maintain a current NCCPA certification status, or you will not be considered licensed by the board. Personal copies of your certificate are not acceptable. If using FCVS, a statement of current certification will be provided.</li> </ul>	<b>MAIL, EMAIL OR PORTAL UPLOADED DIRECTLY FROM NCCPA</b>
<b>5. PROFESSIONAL LICENSE VERIFICATION</b>		
<input type="checkbox"/>	<p>Request verification of your license to practice as a physician assistant.</p> <ul style="list-style-type: none"> <li>Request verification of a license to practice as a physician assistant from a jurisdiction within the United States, its territories and possessions, or Canada.</li> <li>Contact the applicable jurisdiction where you were issued a license to practice as a physician assistant to request documentation be sent directly the Board via email to <a href="mailto:pa-medbd@dhp.virginia.gov">pa-medbd@dhp.virginia.gov</a>, fax to (804) 527- 4426, or mail to the address at the top of these instructions.</li> <li>Many medical boards use Veridoc to send license verifications. Check with Veridoc to see if your licensing board uses this service.</li> </ul>	<b>EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION</b>

<b>5. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY REPORT</b>		
<input type="checkbox"/>	Complete the <a href="#">online NPDB self-query</a> form. <ul style="list-style-type: none"> <li>• The Board accepts a digitally certified electronic copy that can be emailed to <a href="mailto:pa-medbd@dhp.virginia.gov">pa-medbd@dhp.virginia.gov</a></li> <li>• 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 (mail) it to the Virginia Board of Medicine.</li> </ul>	<b>ONLINE AND SENT DIRECTLY FROM NPDB</b>
<b>6. NAME CHANGE</b>		
<input type="checkbox"/>	Provide copies of documentation supporting any <a href="#">name changes</a> differing from your previous license or which occurred after your license expired.	<b>EMAIL, FAX, OR MAIL</b>

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