

## ONLINE APPLICATION INSTRUCTIONS FOR CERTIFICATION TO PERFORM COSMETIC PROCEDURES

A completed application shall include the following unless otherwise stated below. An incomplete application and/or fee will delay the processing of your application. Incomplete applications remain active for one year from the date of receipt. After one year from date of receipt, you would need to reapply for Virginia licensure. Documents submitted with an application are the property of the Board of Dentistry and cannot be returned. You should know and understand the laws in Virginia regarding Certification to perform cosmetic procedures before completing the application. Read the provisions for certification, **Part VII, 18VAC60-21-350 through 18VAC60-21-400.**

In order for an oral and maxillofacial surgeon to perform aesthetic or cosmetic procedures, he shall be certified by the board pursuant to § 54.1-2709.1 of the Code. Such certification shall only entitle the licensee to perform procedures above the clavicle or within the head and neck region of the body based on the licensee's education, training, and experience certification.

You may view the [status](#) of the checklist items for your application by visiting the Online Applications website, creating an online account, log in with your User ID and Password, and clicking on the "**View Checklist**" link in the Pending Licenses section. Using the View Checklist feature will allow you to review which application items have been completed and which are still outstanding.

- \_\_\_\_\_ 1. **Holder of a Virginia Board of Dentistry current active unrestricted Dentist License and OMS Registration.**
- \_\_\_\_\_ 2. **Application:** Please be sure that all information and questions are completed on the application.
- \_\_\_\_\_ 3. **Application Fee:** The fee for a **Certification to Perform Cosmetic Procedures is \$225.00**, which must be paid online using a VISA, MasterCard, American Express, or Discover. The fee can be used for one year from date of receipt. Pursuant to 18VAC60-21-40(G), all fees are **non-refundable**. Your application will not be submitted to the Board of Dentistry for review until you have submitted your payment.
- \_\_\_\_\_ 4. **Official Transcript or Certification of completed OMS program:** Final **original** transcript bearing SEAL, date degree received (conferred date) and registrar's signature. Copies of transcripts, certificates and diplomas are not acceptable. If you completed a post-doctoral program at a hospital which does not maintain transcripts, a dated detailed letter (on official letterhead) that addresses the coursework and clinical training that you completed, signed by the Program Director, is required.  
  
(Options: Mail to the Board (address listed above) or the school, e-scrip, or parchment services provider may directly email the transcript information to [bodlicensing@dhp.virginia.gov](mailto:bodlicensing@dhp.virginia.gov).)  
  
Note: An official transcript –must be on original official school paper (sealed) or an online version that Board staff must download from the school, e-scrip, or parchment services website. **Documentation from foreign countries non-accredited CODA/CDAC schools' programs is not required and will not be considered.**
- \_\_\_\_\_ 5. **ABOMS Documentation:** Documentation verifying current board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) **or** documentation verifying board eligibility as defined by ABOMS. (May be uploaded, [email](#), faxed, or mail to the Board)
- \_\_\_\_\_ 6. **Current Hospital Privileges:** Documentation confirming current privileges on a hospital staff to perform oral and maxillofacial surgery. (May be uploaded, [email](#), faxed, or mail to the Board)
- \_\_\_\_\_ 7. **Certification of Completion of Training:** For each procedure you are applying for certification to perform, check the requirement that applies to you and attach the appropriate documentation.
  - If you oral and maxillofacial residency or cosmetic clinical fellowship was completed after July 1, 1996, and training in cosmetic surgery was a part of such residency or fellowship, submit:
    - a. A letter from the director of the residency or fellowship program documenting the training received in the

- residency or in the clinical fellowship to substantiate adequate training in the specific procedures for which the applicant is seeking certification; and
  - b. Documentation of having performed as primary or assistant surgeon at least 10 proctored cases in each of the procedures for which he seeks to be certified.
- If your oral and maxillofacial residency was completed prior to July 1, 1996, or if his oral and maxillofacial residency was completed after July 1, 1996, and training in cosmetic surgery was not a part of the applicant's residency, submit:
    - a. Documentation of having completed didactic and clinically approved courses to include the dates attended, the location of the course, and a copy of the certificate of attendance. Courses shall provide sufficient training in the specific procedures requested for certification and shall be offered by:
      - 1. An advanced specialty education program in oral and maxillofacial surgery accredited by the Commission on Dental Accreditation;
      - 2. A medical school accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association;
      - 3. The American Dental Association or one of its constituent and component societies or other ADA Continuing Education Recognized Programs (CERP) approved for continuing dental education; or
      - 4. The American Medical Association approved for category 1, continuing medical education; and
    - b. Documentation of either:
      - 1. Holding current privileges to perform cosmetic surgical procedures within a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations; or
      - 2. Having completed at least 10 cases as primary or secondary surgeon in the specific procedures for which the applicant is seeking certification, of which at least five shall be proctored cases as defined in this chapter.

(Options: Mail to the Board (address listed at the top of page 1) or the school, e-scrip, or parchment services provider may directly email the transcript information to [bodlicensing@dhp.virginia.gov](mailto:bodlicensing@dhp.virginia.gov).)

- \_\_\_\_\_ 8. **Form C License Verification: Original** licensure status and certification from every jurisdiction in which you currently hold or have ever held a license/registration/certification to practice as a dentist or as another health care professional. Copies of permits are not accepted. Certifications cannot be older than 6 months from date prepared.

(Options: Mail to the Board (address listed at the top page 1) or have the issuing state official state representative email the verification directly to [bodlicensing@dhp.virginia.gov](mailto:bodlicensing@dhp.virginia.gov). If the issuing state/jurisdiction (agency) does not provide an original document, then the applicant must provide/submit the issuing agency statement as to why the issuing agency does not provide verification and submit a copy of the electronic version from the issuing agency website to the Board using either option.)

Documentation from foreign countries is not required and will not be considered.

- \_\_\_\_\_ 9. Please be aware that your electronic signature authorizes the release of confidential information, affirms that your application is complete and correct, and attests that you have read, understand, and will remain current with the laws and regulations governing the practice of dentistry in Virginia. Review the laws and regulations via the "Laws and Regulations" tab at [Virginia Board of Dentistry- Laws & Regulations](#).
- \_\_\_\_\_ 10. **Legal/Name Change:** Documentation must be provided to show each name change if your name has ever been changed since graduation from a CODA or CDAC accredited program or were licensed in other jurisdictions **or other than what is listed on your application**. Photocopies of marriage licenses or court orders are accepted. (May be uploaded, [email](#), faxed, or mail to the Board)
- \_\_\_\_\_ 11. **Address of Record and Publically Disclosable Address:** Consistent with Virginia law §54.1.2400.02 and the mission of the Department of Health Professions, addresses of licensees are made available to the public. Normally, the Address of Record is the publically disclosable address. If you do not want your Address of Record to be made public, state law allows you to provide a second, publically disclosable address. Typically, this other address is the work or practice address. If you would like for your Address of Record to be made available to the public, complete both sections with the same address.

#### NOTES:

- Completed applications cannot be accessed or edited once they have been submitted. Failure to comply with legal requirements, failure to properly complete the application or failure to provide required documentation will result in the delay or denial of your application. Please check carefully to assure that all required information is provided with your

application. It is your responsibility to maintain a copy of this application and all documents submitted to the Board or received from the Board for your future reference.

- To receive notice that your supporting documents have been delivered to the board, it is suggested that the documents be mailed by FedEx or UPS with "Delivery Confirmation".
- Applicants will be notified of missing application items within approximately 15 business days of receipt of an application. Once your application is complete, allow 30 business days processing time.



Virginia Department of  
**Health Professions**  
Board of Dentistry

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233  
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(804) 698-4266 (eFax)  
[bodlicensing@dhp.virginia.gov](mailto:bodlicensing@dhp.virginia.gov)  
<https://www.dhp.virginia.gov/Boards/Dentistry/>

## FORM C CERTIFICATION OF DENTAL BOARDS

Please forward one form to each state dental/dental hygiene board where you hold or have ever held a professional dental credential/license. Some states require a fee, paid in advance, for providing this information. To expedite, you may wish to contact the applicable state board(s). Form C may be photocopied if copies are needed.

### I am making application for licensure in Virginia by:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Examination for Dental License               | <input type="checkbox"/> Examination for Dental Hygiene License | <input type="checkbox"/> Dental Restricted Volunteer License         |
| <input type="checkbox"/> Credentials for Dental License               | <input type="checkbox"/> Credentials for Dental Hygiene License | <input type="checkbox"/> Dental Hygiene Restricted Volunteer License |
| <input type="checkbox"/> Dental Faculty License                       | <input type="checkbox"/> Dental Hygiene Faculty License         | <input type="checkbox"/> Dental Reinstatement                        |
| <input type="checkbox"/> Dental Temporary Permit                      | <input type="checkbox"/> Dental Hygiene Temporary Permit        | <input type="checkbox"/> Dental Hygiene Reinstatement                |
| <input type="checkbox"/> Certification To Perform Cosmetic Procedures |   | <input type="checkbox"/> Oral & Maxillofacial Surgeon Registration   |

I, was granted License Type/Number \_\_\_\_\_, on \_\_\_\_\_ by the State of \_\_\_\_\_  
Month Date Year

\_\_\_\_\_. The Virginia Board of Dentistry requires that I submit evidence of the status of my license. You are hereby authorized to release any information in your files, favorable or otherwise directly to the **Virginia Board of Dentistry** at **9960 Mayland Drive, Suite 300, Henrico, Virginia 23233** or [bodlicensing@dhp.virginia.gov](mailto:bodlicensing@dhp.virginia.gov). Your early attention is appreciated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Typed/Printed Name

\_\_\_\_\_  
Applicant's Address

### **Executive Officer of the Board: please send this form directly to the Virginia Board of Dentistry.**

State of \_\_\_\_\_ Name of Licensee \_\_\_\_\_ License # \_\_\_\_\_

Graduate of \_\_\_\_\_ License Type \_\_\_\_\_ Issued \_\_\_\_\_

By: ☐ Examination\* ☐ Credentials ☐ Reciprocity with the State of \_\_\_\_\_ ☐ Endorsement with the State of \_\_\_\_\_

\*If licensed by a state administered examination, please provide a scorecard or report, which shows that testing included live patients.

License is: ☐ Current-Expires \_\_\_\_\_ ☐ Active ☐ Inactive ☐ Lapsed-Expired \_\_\_\_\_

Has applicant's license ever been disciplined, suspended or revoked ☐ NO ☐ YES

If "YES", give details and attach supporting documentation (Finding of Fact, Conclusions of Law, Orders): \_\_\_\_\_

Comments, if any: \_\_\_\_\_

**SEAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name