Virginia Department of Health Professions
Board of Dentistry

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4538 (Tel)
(804) 698-4266 (eFax)
bodlicensing@dhp.virginia.gov
https://www.dhp.virginia.gov/Boards/Dentistry/

INSTRUCTIONS FOR REINSTATEMENT OF ORAL & MAXILLOFACIAL SURGEON REGISTRATION OF PRACTICE

Pursuant to **18VAC60-21-310** every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in § 54.1-2700 of the Code, shall register his practice with the board. An oral and maxillofacial surgeon who fails to register **or to renew** his registration and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.

After initial registration, an oral and maxillofacial surgeon shall renew his registration annually on or before December 31.

- After one year from the expiration date, an oral and maxillofacial surgeon who wishes to reinstate his registration shall update his profile and pay the reinstatement fee.

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 registration. Documents submitted with an application are the property of the Board of Dentistry and cannot be returned.

____ 1. **Application:** Please be sure that all information and questions are completed on the application. Not answering all questions and supplying all information will result in a delay of your application. Also, if there are discrepancies in your application, then the Board may ask for additional clarification or may send your application to Enforcement for an investigation.

____ 2. **Application Fee:** The fee for a **reinstatement of oral & maxillofacial surgeon registration of practice is $350.00** and must be paid with a check or money order, made payable to **The Treasurer of Virginia**. 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 reviewed until you have submitted payment. Please mail the completed application and fee to the address noted above.

____ 3. Update your oral and maxillofacial surgeon profile as required for reinstatement of your registration? **Please attach the printed confirmation page showing you have updated this information as required.**

____ 4. **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. Not disclosing all license/registration/certification ever held as an oral and maxillofacial surgeon as another health care professional, will result in your application being sent to Enforcement for an investigation.

(Options: Mail to the Board (address listed on page 1) or have the issuing state official state representative email the verification directly to 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.

OMS Requirements listed in **60-27** Guidance on Sedation Permits, *effective February 3, 2022*

- The requirement for a sedation permit does not apply to an oral and maxillofacial surgeon (OMS) who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the Board with reports that result from the periodic office examinations required by AAOMS (18VAC60-21-300 (A)).

- An OMS must hold a sedation permit if not a member of AAOMS. If the OMS holds a sedation permit and then becomes a member of AAOMS, the OMS must notify the Board within 30 days of becoming a member of AAOMS.

- An OMS, who is a member of AAOMS, must submit AAOMS office examination reports to the Board within 30 days of receipt.

Pursuant to **18VAC60-21-340. Noncompliance or falsification of profile.**

A. The failure to provide the information required in 18VAC60-21-320 A may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

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APPLICATION FOR REINSTATEMENT OF ORAL AND MAXILLOFACIAL SURGEON REGISTRATION OF PRACTICE

INSTRUCTIONS: Type or print clearly. Complete all sections. If the space provided for any answer is insufficient, complete your answer on a separate page, specify the number of the question to which it relates, sign the page, and enclose it with the application. Please mail the completed application and fee to the address noted above.

GENERAL INFORMATION: PLEASE COMPLETE ALL SECTIONS (PRINT OR TYPE)

Name: Last*	First	Middle/Maiden	Suffix

Address of record(Mailing Address)	City	State	Zip Code	Telephone Number
Publically Disclosable Address	City	State	Zip Code	Telephone Number

Email address	Fax #

Date of Birth	Social Security Number or Virginia DMV control Number**
_____/_____/_____ Month Day Year	____ ____ ____---____ ____--____ ____ ____ ____

Virginia Dental License Number:	Virginia OMS Registration Number:	OMS Registration Expiration Date:

Have you practiced Oral and Maxillofacial Surgery in Virginia since your registration expired? [ ] Yes [ ] No

Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active-duty orders, or 2) a veteran who has left active-duty service within one year of submission of this application? If "YES", include a copy of the official military orders with the application. [ ] Yes [ ] No

Are you active-duty military? If "YES", include a copy of your official military orders with the application. [ ] Yes [ ] No

Have you updated your oral and maxillofacial surgeon profile as required for reinstatement of your registration? [ ] Yes [ ] No
Please attach the printed confirmation page showing you have updated this information as required.

PLEASE NOTE: To update your oral and maxillofacial surgeon profile, you may email your request to info@vahealthprovider.com or call 804-367-4444 Monday-Friday between 8:15 am and 5:00 pm EST.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

***Name change:** **Documentation must be provided to show name change(s) if name has ever been changed from the time you attended school or while you were licensed in other jurisdictions.**

****In accordance with § 54.1-116 of the *Code of Virginia*, you are required to submit your Social Security Number, or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.**

Fee Amount	Date Received	Rec'd Profile	Registration #	Date Reinstated

I. Additional licensure questions (ALL QUESTIONS MUST BE ANSWERED):

If any of the following questions are answered "YES", explain, and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits. Letters must be submitted by any treating professionals regarding health treatment and shall include diagnosis, treatment, and prognosis.

1. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If "YES", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation. [ ] Yes [ ] No

_____

_____

2. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If "NO", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation. [ ] Yes [ ] No

_____

_____

3. Have you ever been disciplined by any entity? If "YES", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation. [ ] Yes [ ] No

_____

_____

4. Have you ever had any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If "YES", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation. [ ] Yes [ ] No

_____

_____

By signing below, I certify that I am the person referred to in the forgoing application and the attached supporting documents and that the information on this application and in the attachments is true, complete, and correct to the best of my knowledge. I further certify that I have carefully read the laws and regulations applicable to the registration of oral and maxillofacial surgeons and hereby agree to abide by and remain current with the applicable laws and regulations which are available online at www.dhp.virginia.gov/dentistry.

_____ _____

Signature of Applicant Date

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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 dental/dental hygiene 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:

[ ] Examination for Dental License
[ ] Credentials for Dental License
[ ] Dental Faculty License
[ ] Dental Temporary Permit
[ ] Certification To Perform Cosmetic Procedures
[ ] Examination for Dental Hygiene License
[ ] Credentials for Dental Hygiene License
[ ] Dental Hygiene Faculty License
[ ] Dental Hygiene Temporary Permit
[ ] Dental Restricted Volunteer License
[ ] Dental Hygiene Restricted Volunteer License
[ ] Dental Reinstatement
[ ] Dental Hygiene Reinstatement
[ ] 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**. 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