Virginia Department of
Health Professions
Board of Medicine

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APPLICATION TO REACTIVATE AN INACTIVE LICENSE FOR A LICENSED ACUPUNCTURIST PURSUANT TO VIRGINIA REGULATIONS 18VAC-110-155

INSTRUCTIONS: Complete this form and mail it to the Board office with the required **non-refundable** fee of **$65.00.** Make your check payable to the *Treasurer of Virginia*.

Name (Last, First, M.I., Suffix, Maiden Name)	**Social Security # or DMV control #**

Mailing Address (Street and/or Box Number, City, State, Zip Code)

Virginia License #:	**Email address:**

Number of years in inactive status:

Submit the following evidence of competency to return to active practice:

☐ Documentation of having maintained current certification or having been recertified by the NCCAOM.

If your license has been expired for **more than two years**, do not complete this form. Contact the Board at 804-367-4600, Option 2 to request reinstatement instructions.

SIGNATURE: _____ **DATE**: Click or tap to enter a date.

FOR OFFICE USE ONLY

Date Received:	Fee Received:	Approved:	Date: