Virginia Department of Health Professions
Board of Medicine

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APPLICATION TO REACTIVATE AN INACTIVE LICENSE FOR A LICENSED SURGICAL ASSISTANT OR SURGICAL TECHNOLOGIST PURSUANT TO VIRGINIA REGULATIONS 18VAC-160-70 AND 18VAC-160-75

☐ LICENSED SURGICAL ASSISTANT ☐ SURGICAL TECHNOLOGIST

INSTRUCTIONS: Complete this form and mail it to the Board office with the required **non-refundable fee** of **$65.00 for a Surgical Assistant** and **$35.00 for a Surgical Technologist.** 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 **one of the following** types of evidence of competency to return to active practice:

☐ **LICENSED SURGICAL ASSISTANT** - Documentation of completed continued competency hours as required by 18VAC85-160-60 consisting of one of the following:

- Current certification by the National Board of Surgical Technology and Surgical Assisting or the National Commission for the Certification of Surgical Assistants, or
- 38 hours of continuing education recognized by the National Surgical Assistant Association.

☐ **SURGICAL TECHNOLOGIST**: Documentation of completed continued competency hours as required by 18VAC85-160-65 consisting of one of the following:

- Current certification by the National Board of Surgical Technology and Surgical Assisting, or
- 30 hours of continuing education recognized by the Association of Surgical Technologists.

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

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.

FOR OFFICE USE ONLY

Date Received:	Fee Received:	Approved:	Date: