

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS A  
CERTIFIED SURGICAL TECHNOLOGIST**

**APPLICATION FEES ARE NONREFUNDABLE**  
BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

**NOTE**

**AN APPLICATION THAT IS NOT COMPLETE EXPIRES ONE YEAR AFTER IT IS  
SUBMITTED TO THE BOARD. IT IS THE RESPONSIBILITY OF THE APPLICANT  
TO ENSURE THAT ALL NECESSARY SUPPORTING DOCUMENTS ARRIVE AT THE  
BOARD PRIOR TO THE EXPIRATION DATE. IF THE ORIGINAL APPLICATION  
EXPIRES, THE APPLICANT MUST SUBMIT ANOTHER APPLICATION, PAY THE  
APPLICATION FEE AGAIN AND ENSURE THAT NEW SUPPORTING DOCUMENTS  
ALSO GET TO THE BOARD.**

You should familiarize yourself with the qualifications required for licensure by reviewing the laws and regulations governing the practice of surgical assisting in Virginia. They can be found at: [https://www.dhp.virginia.gov/medicine/medicine\\_laws\\_regs.htm](https://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm).

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be unprofessional conduct. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

A completed application must be submitted along with the payment of the licensing fee of \$75.00. Applications and fees must be submitted together.

The phone number to the Virginia Board of Medicine is 804-367-4600. The email address for this profession is [surgtech.medbd@dhp.virginia.gov](mailto:surgtech.medbd@dhp.virginia.gov)

Mailing Address

Virginia Board of Medicine  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

The Board of Medicine discourages the use of the United States Postal Service to send documents. The Board is unable to trace documents delivered by the Postal Service. If you wish to send your documents by overnight mail, please use FED EX or UPS. If noted below, certain documents may be submitted directly from the primary source entity or employer by an email PDF attachment or facsimile the Board.

## **Application Instructions**

Complete the application and pay the fee of \$75.00

**Surgical Technologists** - Provide to the Board evidence or documented proof of one of the following two (2) credentialing pathways listed below. For any selected pathway, **please mail original notarized copy of your credential, transcript, diploma, or certificate issued to the Board.** You can also request that this information be emailed directly to the Board at [surgtech-medbd@dhp.virginia.gov](mailto:surgtech-medbd@dhp.virginia.gov) by the NBSTSA or the program in a branch of the U.S. armed forces where you completed your surgical technology training. The Board will not accept a document that is copied after the notary stamp has been affixed.

### **PATHWAY 1** (National Certification)

Notarized copy of transcript or certificate awarded showing successful completion of an accredited surgical technologist training program **and** current credential as a surgical technologist issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or its successor; or

### **PATHWAY 2** (Military Training)

Successful completion of a training program for surgical technology during the applicant's service as a member of any branch of the armed forces of the United States, **or**

### **PATHWAY 3** (Grandfathering)

Effective July 1, 2022, verification of employer confirming you practice as a surgical technologist or attendance to a surgical technologist training program at any time prior to October 1, 2022. **(This Grandfathering option expires on December 31, 2022)**

## **PLEASE NOTE:**

\*If you answer "yes" to any question in numbers 6-18, please provide a brief explanation on your application and send a separate written explanation to the Board, along with proof of supporting documentation of the disposition.

Please be aware that Virginia law allows an address that is public and available to those who ask for it, but it also allows for a private address as well. The private address is referred to as the "address of record", and it is the address to which communications from the Board of Medicine are to be sent. If you give only one address, the Board will consider it as public, and it will be made available to those who ask for it. For the "address of record", you may use a P.O. Box or a practice location instead of your home address.

\*Applications will be acknowledged after receipt if items are missing.

\*Applications not completed within 12 months may be purged without notice from the Board.

\*Additional information may be requested after review by Board representatives.

***\*Application fees are non-refundable.***

**PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.**

Revised 1/22 Surgical Technologist

 <p style="margin: 0;">Virginia Department of <b>Health Professions</b></p>	<p style="margin: 0;"><b>Board of Medicine</b></p> <p style="margin: 0; font-size: small;">9960 Mayland Drive, Suite 300      Phone: (804) 367-4600                  Henrico, Virginia 23233-1463      Fax: (804) 527-4426                  Email: <a href="mailto:medbd@dhp.virginia.gov">medbd@dhp.virginia.gov</a></p>
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## Application for Certification as a Surgical Technologist

To the Board of Medicine of Virginia:

I hereby make an application for certification to practice as a Surgical Technologist in the Commonwealth of Virginia and submit the following statements:

1. Name in Full (Please Print or Type)

Last	First	Middle
Date of Birth  ____ _ MO      DAY      YEAR	Social Security No. or VA Control No.*	Maiden Name if applicable
Public Address: This address will be public information:	House No. Street or PO Box	City State and Zip
Board Address: This address will be used for Board Correspondence and may be the same or different from the public address.	House No. Street or PO Box	City State and Zip
Work Phone Number	Home/Cell Phone Number	Email Address

Please submit address changes in writing immediately to [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)

Please attach check or money order payable to the Treasurer of Virginia for \$75.00. Applications will not be processed without the fee. Do not submit fee without an application. **IT WILL BE RETURNED.**

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

APPROVED BY \_\_\_\_\_ Date \_\_\_\_\_

LICENSE NUMBER	PROCESSING NUMBER	FEE
<b>0137-Surg Tech</b>		<b>\$75.00</b>

\*In accordance with §54.1-116 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 state agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.**

\*\*In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

2. How did you obtain your credential as Surgical Technologist?  **PATHWAY 1** - Completed surgical technologist training program and NBSTSA  **PATHWAY 2** - Completion of a surgical technologist training program in the US armed forces
- PATHWAY 3** - Practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022.

3. List in chronological order all professional practices including each location of service since completion of a surgical technologist training program, including after obtaining credential as a surgical technologist, hospital affiliations and absences from work. Also, list all periods of non-professional activity or employment. **PLEASE ACCOUNT FOR ALL TIME.** If engaged in private practice, list all clinical affiliations.

From	To	Name and Address of Location Where Service was Provided	Position Held
_____	_____	_____ _____ _____	_____
_____	_____	_____ _____ _____	_____
_____	_____	_____ _____ _____	_____
_____	_____	_____ _____ _____	_____
_____	_____	_____ _____ _____	_____

**QUESTIONS MUST BE ANSWERED.** If any of the following questions (#4-16) is answered **Yes**, explain and substantiate with documentation.

- 4. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any testing entity or licensing authority?  Yes  No
- 5. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state, or local statute, or regulation or ordinance, or entered into an plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) **Additionally, any information concerning an arrest, charges, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.**  Yes  No
- 6. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason?  Yes  No
- 7. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or Requested to withdraw from any professional school, training program, hospital, etc.?  Yes  No
- 8. Have you ever been terminated from employment or resigned in lieu of termination from any training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier?  Yes  No
- 9. Do you have any past or pending disciplinary actions against your professional license/certification/permit/registration related to your practice as a surgical technologist?  Yes  No
- 10. Have you voluntarily withdrawn from any professional society while under investigation?  Yes  No
- 11. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?  Yes  No
- 12. Within the past five years, have you been disciplined by any entity?  Yes  No
- 13. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing surgical technologist.  Yes  No
- 14. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing surgical technologist.  Yes  No
- 15. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your Ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing surgical technologist.  Yes  No
- 16. Within the past 5 years, have you any condition or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?  Yes  No

**Military Service:**

- 17. Are you a spouse of someone who is on a federal active duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?  Yes  No
- 18. Are you active duty military?  Yes  No

**19. AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice as a surgical technologist in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available at [www.dhp.virginia.gov](http://www.dhp.virginia.gov) and I understand that fees submitted as part of the application process shall not be refunded.

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Signature of Applicant/**Date**