

COMMONWEALTH OF VIRGINIA

Board of Medicine

Department of Health Professions

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WEB PAGE: www.dhp.virginia.gov/medicine

APPLICATION TO REACTIVATE AN INACTIVE LICENSE FOR A POLYSOMNOGRAPHIC TECHNOLOGIST PURSUANT TO VIRGINIA REGULATIONS 18VAC85-140-90

INSTRUCTIONS: Complete application and return to the board office with the required fee of \$54.00, check made payable to the Treasurer of Virginia. Provide practice information and attest to 10 hours of continuing education for each year in which your license has been inactive, not to exceed three years.

Name (Last, First, M.I., Suffix, Maiden Name)	Social Security # or DMV control #
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Mailing Address (Street and/or Box Number, City, State, Zip Code)

Virginia License #:	Number of years in inactive status:
Email address:	

List professional activity within the last two years, to include approximate number of hours for each year. If none, so indicate:

I attest that I have completed the continued competency requirements specified in Virginia regulations 18VAC85-140-70: Circle one: Yes No

SIGNATURE: _____ DATE: _____

Executive Director/Deputy Executive Director Signature

Date

(FOR OFFICE USE ONLY)

Date Received:	Fee Received:	Approved:	Date:
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