Virginia Department of Health Professions
Board of Medicine

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# APPLICATION TO REACTIVATE AN INACTIVE LICENSE FOR MD, DO, DPM

PURSUANT TO VIRGINIA REGULATIONS 18VAC85-20-236

| ☐ Allopathic Medicine | ☐ Osteopathic | ☐ Chiropractic | ☐ Podiatric |
|---|---|---|---|

**INSTRUCTIONS**: Complete the application and return it to the Board office with the **required fee of $169.00** by check or money order made payable to the *Treasurer of Virginia*. **PLEASE NOTE: ALL FEES ARE NON-REFUNDABLE.**

This is a fillable form. Use the tab key to advance to the next field or place your cursor on the field you want to complete.

| **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 #:**<br><br>**Email Address:** | **Number of years in inactive status:** |
|---|---|

List professional activity within the last four (4) years, to include approximate number of hours for each year. If none, so indicate. Provide an attachment if needed. Do not list CME activity here.

If not engaged in active practice for more than four (4) years, you may be required to pass one of the examinations specified in Virginia regulations 18VAC85-20-240C. You will be notified of the decision to reactivate your license to practice.

I attest I completed the continued competency requirements specified in Virginia regulations 18VAC85-20-235 to include 1 hour on human trafficking. **Yes** ☐ **No** ☐

- If your license has been inactive for two (2) years, the requirement is Thirty (30) hours
- If you have been inactive for three (3) years, the requirement is Forty-five (45) hours.
- If you have been inactive for four (4) years of more the requirement is Sixty (60) hours.

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

## FOR OFFICE USE ONLY

| **Date Received** | **Fee Received** | **Approved** | **Date** |
|---|---|---|---|
| | | | |