

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 LICENSED MIDWIFE
PURSUANT TO VIRGINIA REGULATIONS 18VAC85-130-60**

INSTRUCTIONS: Complete application and return to the board office with the required fee of \$125.00, check or money order made payable to the Treasurer of Virginia.

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 #: Email address:	Number of years in inactive status:
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I attest that I am currently certified by NARM: 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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