9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
www.dhp.virginia.gov/medicine

Phone: (804) 367-4600
Fax: (804) 527-4426
Email: medbd@dhp.virginia.gov

ACTIVE DUTY SERVICEMEMBER/SPOUSE LICENSE PORTABILITY APPLICATION

To the Board of Medicine of Virginia:

I hereby submit this application pursuant to the Servicemembers Civil Relief Act (SCRA) for the profession indicated below with the applicable fee:

☐ Acupuncturist - $130.00	☐ Genetic Counselor - $130.00	☐ Osteopathy - $302.00	☐ Rad Technologist-Limited - $90.00
☐ Athletic Trainer - $130.00	☐ Medicine - $302.00	☐ Physician Assistant - $130.00	☐ Radiologist Assistant - $130.00
☐ Asst. Behavior Analyst - $70.00	☐ Midwife - $277.00	☐ Podiatry - $302.00	☐ Respiratory Therapist - $130.00
☐ Behavior Analyst - $130.00	☐ Occupational Therapist - $130.00	☐ Polysomnographic Tech. - $130.00	☐ License Surgical Assistant - $75.00
☐ Chiropractic - $277.00	☐ Occupational Therapist Asst. - $70.00	☐ Radiologic Technologist - $130.00	☐ Surgical Technologist - $75.00

1. Applicant Information (Please Print or Type)

Last	**First**	**Middle**	**Suffix**
Date of Birth Click or tap to enter a date.	**Social Security No. or DMV VA Control No.***	**Maiden Name if applicable**	
Public Address (This address may be shared with the public):	**House No. Street or PO Box**	**City, State and Zip**	
Board Address (This address is 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**	

To ensure timely communication, submit address, email, and phone number changes in writing to medbd@dhp.virginia.gov.

* 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 (DMV). These numbers are used by the Department of Health Professions for identification and is not disclosed for other purposes except as provided by law.

Attach a check or money order payable to the *Treasurer of Virginia* in the amount shown beside your profession. **The application is not processed until the fee is paid in full.**

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

APPROVED BY ________________________________ **DATE** ________________________________

QUESTIONS	Y	N
2. Are you an active duty servicemember who is relocating to Virginia due to military orders?	☐	☐
3. Are you the **spouse** of an active duty servicemember who is relocating to Virginia due to military orders?	☐	☐
4. Do you hold a current active, unrestricted license in good standing to practice in another jurisdiction? If yes, please identify the jurisdiction: ______________________________	☐	☐

5. List all professional licenses or certificates you have been issued in other jurisdictions to practice in the discipline for which you are applying for licensure in Virginia, and attest whether each license or certificate is in good standing.

Jurisdiction	Good Standing Attestation
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No

Additional jurisdictions can be entered on the supplemental form following this application.

AFFIDAVIT OF APPLICANT

I certify by my signature below:

- I am the applicant and meet the eligibility requirements of the Servicemembers Civil Relief Act (50 U.S.C. §4025(a)).
- I have carefully read the Virginia Laws and Regulations related to licensure and the scope of practice of my profession, and certify that I meet and will comply with all such requirements.
- I am in good standing in all jurisdictions in which I hold or have held a license to practice in the discipline for which I am applying. The license identified in question 4 above has not been revoked or disciplined or voluntarily surrendered while under investigation for unprofessional conduct and there is no pending investigation of unprofessional conduct relating to that license.
- The information provided on this application and supporting documents is true and complete.
- I understand that providing false or misleading information may be grounds for denial of an application or disciplinary action following issuance of a license.
- I agree to submit to the authority of the Virginia Board of Medicine for the purposes of standards of practice, discipline, and fulfilment of any continuing education requirements.

Signature of Applicant	Click or tap to enter a date. **Date**

State/ County of ____

The foregoing instrument was acknowledged and sworn before me

this ________ **day of** ____

by ____

NOTARY

SEAL

ACTIVE DUTY SERVICEMEMBER/SPOUSE
LICENSE PORTABILITY APPLICATION
Supplemental Form

Applicant Name: ______________________________________ Date: _______________________

List all professional licenses or certificates you have been issued in other jurisdictions to practice in the discipline for which you are applying for licensure in Virginia, and attest whether each license or certificate is in good standing.

Jurisdiction	Good Standing Attestation
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	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No