

INSTRUCTIONS FOR REINSTATEMENT OF A CHIROPRACTIC LICENSURE APPLICATION

A completed application must be returned to this office along with the reinstatement fee. Effective April 16, 2008, the fee for reinstatement is \$472.00. **APPLICATIONS WILL NOT BE PROCESSED UNLESS THE FEE IS ATTACHED.** Checks or money orders should be made payable to the "Treasurer of Virginia".

INFORMATION REQUIRED TO COMPLETE YOUR APPLICATION

(This form has been designed to be used as a checklist for submitting required documentation.)

- 1. Forward Form B (**Activity questionnaire**) to all hospitals, clinics, etc., where you have practiced since your license in Virginia lapsed. If the license has lapsed for more than five years, only provide Form B's for the past five years. If you have been self-employed, please have the Form B completed by two professional colleagues or have 2 letters of recommendation provided to the Board. This form may be copied, if necessary. This document **may** be faxed to the Board by the person completing it.

- 2. Verification of Chiropractic licenses from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a full license must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a license to practice as a chiropractor to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to medboard@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.

- 4. Provide documentation indicating completion of continued competency hours equal to the requirement for the number of years listed below, not to exceed four years preceding reinstatement of license. Copies of certificates issued for Category I are required. Additional information addressing continued competency requirements are described under general regulations §18VAC 85-20-235 (A)(1)&(2). This documentation **may** be faxed.

License lapsed for two years – 60 hours of continuing learning activities
License lapsed for three years – 90 hours of continuing learning activities
License lapsed for four years - 120 hours of continuing learning activities

What are "Type 1" hours?

a. Type 1 hours in chiropractic shall be clinical hours that are approved by a college or university accredited by the Council on Chiropractic Education or any other organization approved by the board.

All 60 continuing competency hours each biennium **may** be Type 1 hours.

What are "Type 2" hours?

Type 2 hours (no more than 30 each biennium) are those earned in self-study, attending professionally related meetings, research and writing for a journal, learning a new procedure, sitting with the hospital ethics panel, etc. They are activities chosen by the practitioner based on assessment of his/her practice. They do not have to be sponsored by an accrediting organization, but must be recorded by the practitioner on the form provided by the Board.

5. Copies of documentation supporting any name change since your initial licensure in Virginia.
6. If you answer yes to question 12 regarding mal practice claims, provide documentation to the Board from your attorney, or you may provide a narrative describing your treatment of the patient, the allegation made as well as any payment due to settlement or judgment.

Please note:

*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, addresses on file with the Board of Medicine are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, with the application of new technology, which makes this information more accessible, there has been growing concern of those licensees who supply their residence address for mailing purposes. This notice is to reiterate that the Board of Medicine maintains only one address for each licensee and will allow the address of record to be a Post Office Box or practice location.

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

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

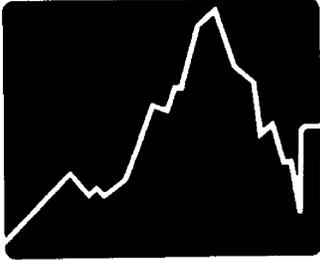
*Additional information may be requested after review by Board representatives.

*Application fees are non-refundable.

* Do not begin practice until you have been notified of approval. Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

*Certain forms may be faxed to 804-527-4426.

***Contact person: ShaRon Clanton (804) 367-4501; email-ShaRon.Clanton@dhp.virginia.gov**

	COMMONWEALTH OF VIRGINIA BOARD OF MEDICINE Department of Health Professions 9960 Mayland Drive, Suite 300 Richmond, Virginia 23233-1463 (804) 367-4600 (804) 527-4426 Fax medbd@dhp.virginia.gov
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Application for REINSTATEMENT of License to Practice as a Chiropractor

To the Board of Medicine of Virginia:

I hereby make application for reinstatement of my license to practice as a Chiropractor in the Commonwealth of Virginia and submit the following statements:

1. Name in Full (Please Print or Type)

Last		First		Middle	
Street		City		State	ZIP Code
Date of Birth Mo. Day Yr.		VA Chiropractor License Number		Social Security No. or VA Control No.*	

Please submit address changes in writing immediately to medbd@dhp.virginia.gov

Please attach check or money order payable to the Treasurer of Virginia For \$472.00. Application 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 0104-	PROCESSING NUMBER	FEE \$472	EXPIRATION DATE	REINSTATEMENT DATE
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*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.

QUESTIONS MUST BE ANSWERED. If any of the following questions (6-15) is answered **Yes**, explain and substantiate with documentation. Letters may be submitted by your attorney regarding malpractice suits or criminal convictions.

3. Do you intend to engage in the active practice of chiropractic in the Commonwealth of Virginia? Yes No

If Yes, give location _____

4. List all jurisdictions in which you have been issued a license to practice chiropractic: active, inactive or expired. Indicate number and date issued.

Jurisdiction	Number Issued	Active/Inactive/Expired

Yes No

5. Are you certified by the National Board of Chiropractic Examiners?

6. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any Testing entity or licensing authority?

7. 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 a plea bargain related to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.)

8. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason?

9. Have you ever had any disciplinary actions taken against any of your professional license/certificate/permit/Registration related to your professional practice, are any actions pending or are you currently under investigation?

10. Have you ever had any membership in a state or local professional society revoked, suspended, or sanctioned?

11. Have you voluntarily withdrawn from any professional society while under investigation?

12. Have you had any malpractice suits brought against you in the last ten years? If so, how many? _____
Provide details.

13. Have you been physically or emotionally dependent upon the use of alcohol /drugs or treated by, consulted with or been under the care of a professional for any substance abuse within the last two years? If so, please provide a letter from the treating professional.

14. Do you have a physical disease, mental disorder or any condition, which could affect your performance of Professional duties?

15. Have you been in a health practitioner's monitoring program within the last two (2) years?

16. Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?

17. AFFIDAVIT OF APPLICANT

(THIS SECTION MUST BE NOTARIZED)

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 Chiropractic 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 and I understand that fees submitted as part of the application process shall not be refunded.

Signature of Applicant