

COMMONWEALTH OF VIRGINIA

Board of Medicine

Department of Health Professions

9960 Mayland Drive, Suite 300, Richmond, VA 23233-1643

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

**APPLICATION TO REACTIVATE AN INACTIVE LICENSE FOR AN MD, DO, DPM OR DC
PURSUANT TO VIRGINIA REGULATIONS 18VAC85-20-240B AND C**

Medicine

Osteopathic Medicine

Podiatry

Chiropractic

INSTRUCTIONS: Complete application and return to the board office with the required fee of \$135.00 for MD, DO and DPM and \$125.00 for Chiropractors. Make your check payable to the Treasurer of Virginia.

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 #:

Number of years in inactive status:

Email address:

List professional activity within the last four years, to include approximate number of hours for each year. If none, so indicate. Do not list CE activity here.

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

I attest that I have completed the continued competency requirements specified in Virginia regulations 18VAC85-20-235. 60 hours of CE is required if you renewed in a current/inactive status at the time of your last renewal. 120 hours is required if your license has been in a current/inactive status for more than two years.

SIGNATURE: _____ DATE: _____

(FOR OFFICE USE ONLY)

Date Received:	Fee Received:	Approved:	Date:
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