

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO REGISTER AS A
SURGICAL ASSISTANT OR SURGICAL TECHNOLOGIST**

APPLICATION FEES ARE NON-REFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

Completing the application and registering with the Board for your practice as a surgical assistant or surgical technologist is not required by statute.

NOTE: AN APPLICATION THAT IS NOT COMPLETE EXPIRES ONE YEAR AFTER IT IS SUBMITTED TO THE BOARD. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL NECESSARY SUPPORTING DOCUMENTS ARRIVE AT THE BOARD PRIOR TO THE EXPIRATION DATE. IF THE ORIGINAL APPLICATION EXPIRES, THE APPLICANT MUST SUBMIT ANOTHER APPLICATION, PAY THE APPLICATION FEE AGAIN AND ENSURE THAT NEW SUPPORTING DOCUMENTS ALSO GET TO THE BOARD.

You should familiarize yourself with the qualifications required for registration by reviewing the laws and regulations governing the practice of surgical technology and surgical assisting in Virginia. They can be found at: https://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm.

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

A completed application must be returned to this office along with the fee of \$75.00. Applications and fees must be received together. Only checks or money orders are accepted. Please make your payment instrument payable to the "Treasurer of Virginia."

The phone number to the Virginia Board of Medicine is 804-367-4600. The Board's email address is medbd@dhp.virginia.gov

Mailing Address

Virginia Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

The Board of Medicine discourages the use of the United States Postal Service to send documents. If possible, and if noted below, you are encouraged to have your documents sent by pdf attachment or FAX. The Board is unable to trace documents not delivered by the post office. If you wish to send your documents by overnight mail, please use FED EX or UPS.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

Complete the application and make payment of \$75.00 via check or money order payable to the "Treasurer of Virginia."

Surgical Assistants - Provide to the Board one of the two following documents: You may send a notarized copy to the Board. If you select item number one, the board will not accept a document that has been copied after it has been notarized.

1. A current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, the National Surgical Assistant Association, or the National Commission for Certification of Surgical Assistants or their successors; or
2. Successful completion of a surgical assistant training program during the applicant's service as a member of any branch of the armed forces of the United States.

Surgical Technologists - If you are a Surgical Technologist, provide to the Board one of the two following documents: You may send a notarized copy to the Board. If you select item number one, the board will not accept a document that has been copied after it has been notarized.

1. A current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor; or
2. Successful completion of a surgical technologist training program during the applicant's service as a member of any branch of the armed forces of the United States.

Please note:

*If you answer "yes" to any questions 2-14, please provide a written explanation on a separate page and attach it to your application.

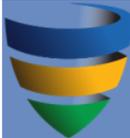
*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, public addresses on file with the Board of Medicine are made available to the public. The Board address noted on your application may be different from the public address and is not released to the public. This notice is to reiterate that the Board of Medicine will allow the Board 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.**

 <div style="display: inline-block; vertical-align: middle;"> <p style="margin: 0;">Virginia Department of</p> <h1 style="margin: 0;">Health Professions</h1> </div>	<p>Board of Medicine</p> <p>9960 Mayland Drive, Suite 300 Phone: (804) 367-4600 Henrico, Virginia 23233-1463 Fax: (804) 527-4426 Email: medbd@dhp.virginia.gov</p>
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Application to Register as a Surgical Assistant or Surgical Technologist

To the Board of Medicine of Virginia: I hereby make application for a registration to practice as a **(check one)**
Surgical Assistant or Surgical Technologist in the Commonwealth of Virginia and submit the following statements:

1. Name in Full (Please Print or Type)

Last	First	Middle
Date of Birth ____ _ MO DAY YEAR	Social Security No. or VA Control No.*	Maiden Name if applicable
Public Address: This address will be public information:	House No. Street or PO Box	City State and Zip
Board Address: This address will be 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

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 \$75.00. Applications 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	PROCESSING NUMBER	FEE
0136- Surg Asst.		\$75.00
0137-Surg Tech.		\$75.00

*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.

Yes No

QUESTIONS MUST BE ANSWERED. If any of the following questions (2-14) is answered **Yes**, explain and substantiate with documentation.

2. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any testing entity or licensing authority? Yes No
3. 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 an plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) Yes No
4. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason? Yes No
5. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or Requested to withdraw from any professional school, training program, hospital, etc? Yes No
6. Have you ever been terminated from employment or resigned in lieu of termination from any training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier? Yes No
7. Do you have any pending disciplinary actions against your professional license/certification/permit/registration related to your practice of polysomnographic technology? Yes No
8. Have you voluntarily withdrawn from any professional society while under investigation? Yes No
9. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Yes No
10. Within the past five years, have you been disciplined by any entity? Yes No
11. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the Obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing polysomnographic technologist. Yes No
12. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing polysomnographic technologist. Yes No
13. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing polysomnographic technologist. Yes No
14. Within the past 5 years, have you any condition or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? Yes No

Military Service:

15. 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? Yes No
16. Are you active duty military? Yes No

17. AFFIDAVIT OF APPLICANT

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 surgical technology 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