



**Department of Health Professions
Commonwealth of Virginia**

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

**FAX – (804)527-4426
(804) 367-3051**

To Whom It May Concern:

The person listed below is applying for licensure as a Licensed Acupuncturist in the state of Virginia. The Board of Medicine requests that the form be completed by each jurisdiction in which he/she holds or has held a license/certificate. Please complete the form and return it to the address below. Thank you.

**Commonwealth of Virginia
Department of Health Professions
Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463**

Name of Applicant (Print/Type)

=====

Name of Licensee _____ State/Commonwealth of _____

License/Certification number _____ Issued effective _____

Licensed/Certified Through (check one)

NCCAOM/PEPLS Examination CNA Examination Endorsement from (name of state) _____

Board examination other than NCCAOM/PEPLS/CNT Examination

License is: Current Lapsed

Has the applicant's license/certificate ever been suspended or revoked? Yes No

If yes, for what reason?

Derogatory information, if any

Comments, if any

BOARD SEAL

Signed _____

Title _____

State Board _____

NOTE TO APPLICANT: PLEASE PROVIDE LICENSE NUMBER AND FORWARD TO STATE INDICATED