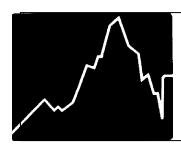
Form C	
Print Name:	



## Department of Health Professions Commonwealth of Virginia

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

Phone(804) 367-4613 FAX (804) 527-4426

## To Whom It May Concern:

The person listed below is applying for a license to practice polysomnographic technology 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.

complete the form and retain it to the address be	ow. Thank you.
Commonwealth of Virginia Department of Health Professions Board of Medicine 9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463	Name of Applicant (please print or type)  License/Certificate #
Name of Licensee	
License/Certification number	Issued Effective
Licensed/CertifiedThrough (check one)	
BRPT Examination	□NBRC Examination
State Board of Examination	Endorsement from (Name of State)
License is: Current Lapsed 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