



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.

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 _____ State/Commonwealth of _____

License/Certification number _____ Issued Effective _____

Licensed/Certified Through (check one)

BRPT Examination

NBRC Examination

State Board of Examination

Endorsement from (Name of State) _____

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