

## Out-of-State Licensed Provider Reporting Form

On March 12, 2020, Governor Northam declared that a [state of emergency](#) exists in the Commonwealth of Virginia to continue to prepare and coordinate our response to the potential spread of COVID-19, a communicable disease of public health threat.

In accordance with Governor Northam's Amended [Executive Order 57](#), and as authorized by [Executive Order 42](#), the following provision has been executed:

"During the state of emergency declared in Amended Executive Order 51, a license issued to a health care practitioner by another state, and in good standing with such state, shall be deemed to be an active license issued by the Commonwealth to provide health care or professional services as a health care practitioner of the same type for which such license is issued in another state, provided such health care practitioner is engaged by a hospital, or an affiliate of such hospital where both share the same corporate parent, licensed nursing facility, or dialysis facility in the Commonwealth for the purpose of assisting that facility with public health and medical disaster response operations. Hospitals, licensed nursing facilities, and dialysis facilities must submit to the applicable licensing authority each out-of-state health care practitioner's name, license type, state of license, and license identification number within a reasonable time of such healthcare practitioner providing services at the applicable health care facility in the Commonwealth. Health care practitioners with active licenses issued by other states who notified the applicable licensing authority under this Executive Order and were engaged by a physician's office or other health care facility that is not a hospital, nursing facility, or dialysis facility may continue to practice in the Commonwealth for an additional 30 days from the date of this Order and may apply for licensure in the Commonwealth in order to continue providing services to patients located in Virginia.

Healthcare facilities operating under this provision must fill out the below information and submit to the Virginia Department of Health Professions (DHP).

**Facility Name:**

**Address:**

**Street**

**City**

**State**

**Zip**

**Facility POC:**

**Phone Number:**

**24 Hour Phone Number:**

**E-mail:**

**All fields marked with \* are required.**

<b>*Practitioner's Name</b>	<b>*License Type</b>	<b>*State of License</b>	<b>*License ID Number</b>	<b>Estimate Length of Deployment</b>
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Please submit both of these pages to [christina.buisset@dhp.virginia.gov](mailto:christina.buisset@dhp.virginia.gov) by clicking the submit form button below.