

INSTRUCTIONS FOR REINSTATEMENT OF ORAL & MAXILLOFACIAL SURGEON REGISTRATION OF PRACTICE

Pursuant to **18VAC60-21-310** every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in § 54.1-2700 of the Code, shall register his practice with the board. An oral and maxillofacial surgeon who fails to register **or to renew** his registration and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.

After initial registration, an oral and maxillofacial surgeon shall renew his registration annually on or before December 31.

- After one year from the expiration date, an oral and maxillofacial surgeon who wishes to reinstate his registration shall update his profile and pay the reinstatement fee.

A completed application shall include the following unless otherwise stated below. An incomplete application and/or fee will delay the processing of your application. Incomplete applications remain active for one year from the date of receipt. After one year from date of receipt, you would need to reapply for Virginia registration. Documents submitted with an application are the property of the Board of Dentistry and cannot be returned.

1. **Application:** Please be sure that all information and questions are completed on the application.
2. **Application Fee:** The fee for a **reinstatement of oral & maxillofacial surgeon registration of practice is \$350.00** and must be paid with a certified check, cashier's check or money order, made payable to **The Treasurer of Virginia**. The fee can be used for one year from date of receipt. Pursuant to 18VAC60-21-40(G), all fees are non-refundable. Your application will not be reviewed until you have submitted payment. Please mail the completed application and fee to the address noted above.
3. Updated your oral and maxillofacial surgeon profile as required for reinstatement of your registration?
Please attach the printed confirmation page showing you have updated this information as required.

Pursuant to **18VAC60-21-340. Noncompliance or falsification of profile.**

- A. The failure to provide the information required in 18VAC60-21-320 A may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.
- B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.



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APPLICATION FOR REINSTATEMENT OF ORAL AND MAXILLOFACIAL SURGEON REGISTRATION OF PRACTICE

INSTRUCTIONS: Type or print clearly. Complete all sections. If the space provided for any answer is insufficient, complete your answer on a separate page, specify the number of the question to which it relates, sign the page and enclose it with the application. Please mail the completed application and fee to the address noted above.

GENERAL INFORMATION: PLEASE COMPLETE ALL SECTIONS (PRINT OR TYPE)

Name: Last*		First	Middle/Maiden	Suffix
Address of record(Mailing Address)		City	State	Zip Code
Publicly Disclosable Address		City	State	Zip Code
Telephone Number				
Email address		Fax #		
Date of Birth ____/____/____ Month Day Year		Social Security Number or Virginia DMV control Number** ____-____-____		
Virginia Dental License Number:	Virginia OMS Registration Number:	OMS Registration Expiration Date:		

Have you practiced Oral and Maxillofacial Surgery in Virginia since your registration expired? Yes No

Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? If "YES", include a copy of the official military orders with the application. Yes No

Are you active-duty military? If "YES", include a copy of your official military orders with the application. Yes No

Have you updated your oral and maxillofacial surgeon profile as required for reinstatement of your registration? Yes No

Please attach the printed confirmation page showing you have updated this information as required.

PLEASE NOTE: To update your oral and maxillofacial surgeon profile, you may email your request to info@vahealthprovider.com or call 804-367-4444 Monday-Friday between 8:15am and 5:00pm EST.

By signing below, I certify that I am the person referred to in the forgoing application and the attached supporting documents and that the information on this application and in the attachments is true, complete, and correct to the best of my knowledge. I further certify that I have carefully read the laws and regulations applicable to the registration of oral and maxillofacial surgeons and hereby agree to abide by and remain current with the applicable laws and regulations which are available online at www.dhp.virginia.gov/dentistry.

Signature of applicant

Date

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

***Name change:** Documentation must be provided to show name change(s) if name has ever been changed from the time you attended school or while you were licensed in other jurisdictions.

****In accordance with § 54.1-116 of the 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 agencies for child support enforcement activities.**

Fee Amount	Date Received	Rec'd Profile	Registration #	Date Reinstated
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