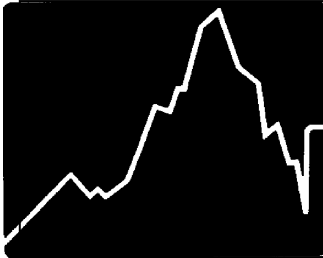


Print name \_\_\_\_\_



**Department of Health Professions  
Commonwealth of Virginia**

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

**(804) 367-4613**

To Whom It May Concern:

The person listed below is applying for a license to practice as an assistant behavior analyst in the Commonwealth 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  
Richmond, VA 23233-1463**

\_\_\_\_\_  
Name of Applicant (Print/Type)

=====

Name of Licensee \_\_\_\_\_ State/Commonwealth of \_\_\_\_\_

License/Certification number \_\_\_\_\_ Issued effective \_\_\_\_\_

Licensed/Certified Through (check one)

Issued by                       Reciprocity/Endorsement                       By 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**