COMMONWEALTH OF VIRGINIA
BOARD OF DENTISTRY

Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
(804) 367-4538

ORAL AND MAXILLOFACIAL SURGEON
REINSTATEMENT OF REGISTRATION OF PRACTICE

INSTRUCTIONS: Use typewriter or print clearly. If the space provided for any answer is insufficient, the registrant must complete his/her answer on a separate page, signed by him/her, specifying the number of the question to which it relates and enclose the page with this application. OMISSIONS OR INACCURACIES ARE GROUNDS FOR REJECTION.

Name: Last	First	Middle/Maiden	Suffix

Address of Record (Mailing address)	City	State	Zip code	Telephone Number
Publicly Disclosable Address	City	State	Zip code	Telephone Number

Email Address	Fax #
Date of Birth ____ ____/____ ____/____ ____ ____ ____	Social Security Number or Virginia DMV Control Number ____ ____ ____--____ ____-____ ____ ____ ____
Virginia Dental License Number:	

Have you practiced oral and maxillofacial surgery in Virginia since your registration expired? _____Yes _____ NO

You must update your oral and maxillofacial surgery profile to qualify for reinstatement of your registration. To complete your profile, email us at info@vahealthprovider.com or call **804-367-4444**, Mon-Fri, between 8:15 AM and 5:00 PM EST to request instruction to complete your profile online. **Print and attach the confirmation page to this application to show that your profile is current.**

By signing below, I attest that this application is complete and accurate:

_____ _____
Signature of applicant Date

Please mail completed form, attachment and the required fee of $350 (check made payable to "Treasurer of Virginia") to:

Department of Health Professions
Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

February 9, 2010

FOR OFFICE USE ONLY				
Date Received	Fee	Rec'd Profile	Registration #	Date Reinstated