

## INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE POLYSOMNOGRAPHIC TECHNOLOGY IN VIRGINIA

*(This form has been designed to be used as a checklist when preparing to submit your application.)*

### **APPLICATION FEES ARE NONREFUNDABLE**

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of polysomnographic technology in Virginia. They can be found at: [http://www.dhp.virginia.gov/medicine/medicine\\_laws\\_regs.htm](http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm)

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. You should not expect the process to take less than 2-3 months, so plan accordingly if you are pursuing a practice position in Virginia.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 15 days for your application checklist be first updated on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at [medboard@dhp.virginia.gov](mailto:medboard@dhp.virginia.gov) with "Polysomnographic Technologist Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist listed in the Pending Licensing section, your license may have been issued by the Board. Please visit

<https://www.license.dhp.virginia.gov/license/> and use your current User ID and Password to login and view your newly issued license. If you need technical assistance with your checklist contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

You have selected to begin an initial application to practice as a Polysomnographic Technologist. If this license type is incorrect, please contact us at (804) 367-4444 for assistance.

Application requirements:

1. Complete the online application: <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$130.00. Application fees may only be paid using Visa, MasterCard or Discover.

2. An applicant for a license to practice as a polysomnographic technologist shall provide documentation of **one** of the following:

1. Current certification as a Registered Polysomnographic Technologist (RPSGT) by the Board of Registered Polysomnographic Technologists;
2. Documentation of the Sleep Disorders Specialist credential from the National Board of Respiratory Care (NBRC-SDS); or
3. A professional certification or credential approved by the board from an organization or entity which is a member of the National Organization for Competency Assurance.

3. Provide Documentation of current certification in Basic Cardiac Life Support with a hands-on practice training evaluation segment.

4 *Verification of Practice:* A completed Form B Activity Questionnaire or a letter of recommendation must be received from all places of practice or professional employment, observerships, professional research positions or professional volunteer service listed for the past 5 years.

**Form B's sent to the Virginia Board of Medicine by the applicant will not be accepted.**

**5. Jurisdiction Clearance – License Verification:** Verification of polysomnographic technologist licenses or certificates to practice from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a license, certification or registration must be received by the Board and must verify whether or not disciplinary action has been taken or is pending in that jurisdiction. **Please contact the applicable jurisdiction where you have been issued a license to practice polysomnographic technology to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to [medboard@dhp.virginia.gov](mailto:medboard@dhp.virginia.gov), faxed to (804) 527-4426 or mailed.

NOTE: In addition to completing this online process applicants may be required to complete additional steps, [CLICK HERE](#) for the full instructions. You will be given another opportunity at the conclusion of the application process to download this form and instructions.

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**Instructions for All Applicants:**

You will need to complete each of the steps listed on the Initial Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the “Save and finish later” button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Initial Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

**Your application will not be forwarded to the Board of Medicine until you have submitted your payment. The Board must then receive all required information relative to your application. Once all information has been received, review will be done in 30 days or less. This entire process usually takes 6-8 weeks if there are no extraordinary aspects to your application. The Board may ask for further information to explain extraordinary aspects, which will lengthen the process. Once payment has been made, fees will not be refunded.**

**Application**

Demographics

**INSTRUCTIONS:**

This is the most current information we have on file for you. Please modify any incorrect information that is displayed.

Required fields are denoted with an asterisk (\*).

Personal Information

SSN/Virginia DMV #

*ex. 123456789:*

\*

Date of Birth (*mm/dd/yyyy*):

\*

Maiden Name (*if applicable*):**Published Address Information**

*This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.*

Is your current address within the United States?

\*

Address Line 1 (ex. 123 Fourth St.):

\*

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone:

 (XXX-XXX-XXXX)

Email:

#### Application

Address of Record. The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be mailed to the address of record provided. This address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (\*).

Is your current address within the United States?

\*

Address Line 1 (ex. 123 Fourth St.):

\*

Address Line 2 (ex. Apt. 100):

Address Line 3:

Daytime Phone:

\*(XXX-XXX-XXXX)

Other Phone:

 (XXX-XXX-XXXX)

Email:

\*

Indicate by checking the box which of the following documents you will provide for documentation of certification or credential:

- A.  Certification as a Registered Polysomnographic Technologist (RPSGT) which was obtained by meeting qualifications and passage of the examination required for certification by the Board of Registered Polysomnographic Technologists.
- B.  Credential as a Sleep Disorders Specialist from the National Board of Respiratory Care (NBRC-SDS); or a professional certificate.
- C.  Credential approved by the board from an organization or entity which is a member of the National Organization for Competency Assurance.

Application

Employment Activity

List in chronological order all professional practices since certification. Also list all periods of non-professional activity or employment for more than three months. PLEASE ACCOUNT FOR ALL TIME. A completed [Form B](#) (.PDF file) must be received for all places of professional employment listed for the last five years.

Have you been employed during the last five years?

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Beginning Date (mm/dd/yyyy) :

 \*

End Date (mm/dd/yyyy) :

Employer Name:

 \*

Location:

 \*

Position Held:

 \*

To add this record click "**Add**".

To edit a record, select the record, make the desired changes and click "**Save**".

To delete a record, select the record and click "**Delete**".

To clear the form, click "**Clear**".

Employment Activity
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Licensure History

*Verification from all jurisdictions in which you have been issued a full license, certification or registration must be received by the Board. Please contact the applicable jurisdictions to inquire about processing fees. Verifications may be faxed directly from the jurisdiction.*

Have you ever been issued a full license, certification or registration to practice as a Polysomnographic Technologist in any jurisdiction?

Yes  \*

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Please enter the jurisdiction, number issued, and status (Active, Inactive, Expired, Suspended or Revoked) of each license.

Jurisdiction:

\*

Number Issued:

\*

Status:

\*

To add this record click "**Add**".

To edit a record, select the record, make the desired changes and click "**Save**".

To delete a record, select the record and click "**Delete**".

To clear the form, click "**Clear**".

Application

Licensure Questions

1. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any licensing authority? \*

2. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state, or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) \*

3. Have you ever been denied clinical privileges or voluntarily surrendered your clinical privileges for any reason? \*

4. Have you ever been subject to a corrective action plan, placed on probation, or been requested to withdraw from any professional school, training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier? \*

6. Have you ever been terminated from employment or resigned in lieu of termination from any training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier? \*

7. Have you ever had any disciplinary actions taken against any of your professional license/certificate/permit/registration related to your professional practice, or are any actions pending? \*

8. Have had disciplinary actions taken against you by the NBRC or BRPT? \*

9. Have you ever had any membership in a state or local professional society or certifying board including the NBRC or BRPT revoked, suspended, or sanctioned? \*

10. Have you voluntarily withdrawn from any \*

professional society or certifying board including the NBRC or BRPT while under investigation?

11. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties?

\*

12. Have you been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two (2) years?

\*

13. Have you been in a health practitioner's monitoring program within the last two (2) years?

\*

#### Claims History

14. Have you had any malpractice suits (pending or closed) brought against you in the past ten (10) years?

\*

Claims History		
Incident Date	Amount	Claim Description
No data available		

#### Certification

I certify by entering my electronic signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I further certify that I have carefully read the laws and regulations related to the practice of your profession, which are available at [www.dhp.virginia.gov/medicine/medicine\\_laws\\_regs](http://www.dhp.virginia.gov/medicine/medicine_laws_regs) and you fully understand that funds submitted as part of the application process shall not be refunded.:

Electronic Signature (Full Legal Name): \*

I agree to the above certification

Click the "**Finish**" button at the bottom of the page to continue with your application.

To return to the profile sections click the "**Back**" button.