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