

**REINSTATEMENT APPLICATION INSTRUCTIONS FOR LICENSED ACUPUNCTURIST AFTER
SUSPENSION, SURRENDER, OR MANDATORY SUSPENSION**

Your completed application must be returned to: **Jennie F. Wood, Case Manager, Discipline, Virginia Board of Medicine, 9960 Mayland Dr., Suite 300, Henrico, Virginia 23233.** A reinstatement hearing will not be scheduled until your completed application has been received.

INFORMATION REQUIRED TO COMPLETE YOUR APPLICATION
(This form has been designed to be used as a checklist for submitting required documentation.)

The applicant is responsible for forwarding all of the required forms to the appropriate institutions, states and other agencies.

- 1. **Reinstatement Application**-Complete and return the attached application as stated above.
- 2. **Claims History Sheet (Form A)** – This form is part of the Reinstatement Application and must be completed if you answer “YES” to Question #10 on the application.
- 3. **Activity Questionnaires (Form B)** – List activities on the chronological page of the application (page #2) to include all activities since graduation from your professional school to the present. Forward the Activity Questionnaire to all places of practice/employment listed for the last five years or since graduation, whichever applies. If you were engaged in private practice, please have another licensed acupuncturist submit a letter attesting to your practice. This form may be photocopied and you should mail directly to each facility.
- 4. **State Questionnaires (Form C)**- Forward this form to all states where you have ever been licensed, certified, or registered, even if the license is not current. Please call state offices first; they may require a fee. This form may be photocopied and you should mail it directly to each state.
- 5. **NCCAOM Certification Profile** – Form attached or download form at www.nccaom.org (under “Applicant” tab, choose state licensure verification) mail directly to Virginia at the address above; see NCCAOM form for required fee.

After the completed application, you will be noticed to appear before a formal administrative hearing to consider your application for reinstatement. Any application that is not completed after six months will automatically become void. The reinstatement of your license requires the affirmative vote of three-fourths of the Board members voting at the hearing. If the Board votes to reinstate your license, you may be required to pay the appropriate biennial renewal fee in order to obtain a current license in the Commonwealth of Virginia.

Also, In accordance with §54.1-116 of the Code of Virginia, you are required to include your Social Security Number or control number issued by the Virginia Department of Motor Vehicles (DMV).^{*} 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 laws require that this number be shared with other agencies for child support enforcement activities. Failure to include this information will result in suspension of your application, and fees will not be refunded. No license, certificate or registration will be issued to any individual who has failed to disclose one of these numbers.

**To obtain a DMV control number, you must appear in person at a DMV office, pay a fee, and disclose your Social Security Number.*

ADDITIONAL INFORMATION MAY BE REQUESTED
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