

## **APPLICATION FOR REINSTATEMENT OF CERTIFICATION TO PERFORM COSMETIC PROCEDURES**

A completed application shall include the following unless otherwise stated below. An incomplete application and/or fee will delay the processing of your application. Incomplete applications are kept for one year.

- \_\_\_\_\_ **1.Application:** Please be sure that all information is completed on the application. The application can be used for one year from date of receipt.
- \_\_\_\_\_ **2.Application Fee:** The fee for a **Certification to Perform Cosmetic Procedures is \$225**, and must be paid with a certified check, cashier's check or money order, made payable to **The Treasurer of Virginia**. The fee can be used for one year from date of receipt. Pursuant to 18VAC60-21-40(G), all fees are non-refundable. Your application will not be reviewed until you have submitted payment.
- \_\_\_\_\_ **3.Documentation of continued competency:** To reinstate a certification that has been lapsed for more than one year, documentation of continued competency in the procedures for which the surgeon is certified is required.
- Continuing education hours and evidence of active practice in another state or in federal service, a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association or current specialty board certification are considered in determining continuing competence. Completion of home study, journal or internet courses is not sufficient to demonstrate continuing competence.**
- \_\_\_\_\_ **4.Documentation of current hospital privileges:** Please provide a copy of the letter confirming your **current** privileges on a hospital staff to perform oral and maxillofacial surgery.
- \_\_\_\_\_ **5.ABOMS Documentation:** documentation verifying current board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) or documentation verifying board eligibility as defined by ABOMS.

### **PLEASE NOTE:**

- You should know and understand the laws in Virginia regarding Certification to perform cosmetic procedures before completing the application. Read the provisions for certification, **Part VII, 18VAC60-21-350 through 18VAC60-21-400**.
- Failure to comply with legal requirements, failure to properly complete the application or failure to provide required documentation will result in the delay or denial of your application. Please check carefully to assure that all required information is provided with your application.
- It is your responsibility to maintain a copy of this application and all documents submitted to the Board or received from the Board for your future reference. Documents submitted with an application are the property of the Board and cannot be returned.



**COMMONWEALTH OF VIRGINIA  
BOARD OF DENTISTRY**  
Department of Health Professions  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463  
(804)367-4538 [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry)

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TO PERFORM COSMETIC PROCEDURES**

Name: Last		First	Middle/Maiden		Suffix
Address of Record (Mailing Address)		City	State	Zip Code	Telephone Number
Public 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:			Virginia Oral and Maxillofacial Surgical Practice Registration Number:		
Name of Practice (if applicable):			Virginia Cosmetic Procedure Certification Number:	Date Certification Expired:	

**Check only one and attach a copy of documentation of American Board of Oral and Maxillofacial Surgery:**

\_\_\_\_\_ Certification    **OR**    \_\_\_\_\_ Eligibility

Name of hospital where you currently hold privileges to perform oral and maxillofacial surgery: (Provide a copy of the letter confirming the privileges granted)

Have you practiced cosmetic dentistry (excluding the procedures noted in 18VAC60-20-300) since the expiration of your certification? Is yes, give location:

Reinstatement of Certification is sought for (check all that apply):

- Rhinoplasty and other treatment of the nose;
- Blepharoplasty and other treatment of the eyelid;
- Rhytidectomy and other treatment of facial skin wrinkles and sagging;
- Submental liposuction and other procedures to remove fat;
- Browlift (either open or endoscopic technique) and other procedures to remove furrows and sagging skin on the upper eyelid and forehead;
- Otoplasty and other procedures to change the appearance of the ear;
- Laser resurfacing or dermabrasion and other procedures to remove facial skin irregularities;
- Platysmal muscle plication and other procedures to correct the angle between the chin and neck;
- Application of injectable medication or material for the purpose of treating extra-oral cosmetic conditions;

**By signing below, I attest that I am the person referred to in the forgoing application and the attached supporting documents and certify that the information on this application and in the attachments is true, complete and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**DO NOT USE SPACES BELOW THIS LINE: FOR OFFICE USE ONLY**

Date Received	Fee	Certification #	Date Expired	Reinstatement Date