



Department of Health Professions
Commonwealth of Virginia

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

medbd@dhp.virginia.gov
FAX (804) 527-4426
PH (804) 367-4600

Application To Register as a Surgical Assistant or Surgical Technologist

I hereby make application for a license to practice as Surgical Assistant or Surgical Technologist in the Commonwealth of Virginia and submit the following statements:

Last		First		Middle	
Street Address		City/State		Zip Code	
Date of Birth ____/____/____	Social Security/VA Control #	Maiden Name if Applicable	Email Address:		

Please accompany with this application a check or money order made payable to the Treasurer of Virginia in the amount of \$75.00. If the money does not accompany the application, the application **will** be returned. Please submit address changes in writing immediately.

*In accordance with §54.1-1116 in the **Code of Virginia**, you are required to submit your Social Security number/Control number (issued by the Virginia Department of Motor Vehicles.). This number will be used by the Department of Health Professions for identification purposes only and will not be disclosed for any other purposes except as mandated by law. Federal and State law requires that this number be shared with other state agencies for child support enforcement activities. **Failure to disclose this number will result in the denial of a license to practice in the Commonwealth of Virginia.**

APPLICANTS DO NOT USE SPACES BELOW THIS LINE - FOR OFFICE USE ONLY

APPROVED BY: _____

1. Please provide a telephone number where you can be reached during the day. This information is not mandatory and if provided will not be used for any purpose other than as a contact if the program specialist has questions about your application.

Home #:	Work #:	Cell:

2. If you are a Surgical Assistant please provide the documentation noted in this section. If you are a Surgical Technologist, please skip to section 3.

Provide to the Board one of the three following documents: For items one and two you may send a notarized copy to the Board. For item number 3, you may send a notarized letter to the Board signed by a medical supervisor.

1. A current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, the National Surgical Assistant Association, or the National Commission for Certification of Surgical Assistants or their successors; or
2. Successful completion of a surgical assistant training program during the applicant's service as a member of any branch of the armed forces of the United States; or
3. Practice as a surgical assistant at any time in the six months prior to July 1, 2014, provided the applicant registers with the Board by July 1, 2015.

3. If you are a Surgical Technologist, provide to the Board one of the three following documents: For items one and two you may send a notarized copy to the Board. For item number 3, you may send a notarized letter to the Board signed by a medical supervisor.

1. A current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor; or
2. Successful completion of a surgical technologist training program during the applicant's service as a member of any branch of the armed forces of the United States; or
3. Practice as a surgical technologist at any time in the six months prior to July 1, 2014, provided the applicant registers with the Board by July 1, 2015.

I have carefully read the laws and regulations related to the practice of my profession which are available on www.dhp.virginia.gov, and I fully understand that funds submitted as part of the application process shall not be refunded.

Signature of Applicant