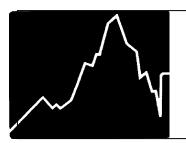
Rev. 08/13 POLYSOMNOGRAPHIC TECHNOLOGIST

Form C Print Name:

Department of Health Professions Commonwealth of Virginia



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

Phone(804) 367-4613 FAX (804) 527-4426

To Whom It May Concern:

The person listed below is applying for a license to practice polysomnographic technology in the state of Virginia. The Board of Medicine requests that the form be completed by each jurisdiction in which he/she holds or has held a license/certificate. Please complete the form and return it to the address below. Thank you.

Commonwealth of Virginia Department of Health Professions Board of Medicine 9960 Mayland Drive, Suite 300	Name of Applicant (please print or type)
Henrico, VA 23233-1463	License/Certificate #
Name of Licensee State	/Commonwealth of
License/Certification number Issue	d Effective
Licensed/CertifiedThrough (check one)	
BRPT Examination	C Examination
State Board of Examination	rsement from (Name of State)
License is: Current Lapsed	
Has the applicant's license/certificate ever been suspended or revo	ked? Yes No
If yes, for what reason?	
Derogatory information, if any	
Comments, if any	
BOARD SEAL	Signed
	Title
	State Board

NOTE TO APPLICANT: PLEASE PROVIDE LICENSE NUMBER AND FORWARD TO STATE INDICATED