

IMLC State?	YES
Cost	\$302
Avg. Timeline	5-8 months
C Renewal Frequency	Biennially

<b>DOCUMENTS TO PROVIDE</b>	TASKS TO COMPLETE
<ul> <li>Online Application &amp; Fee</li> <li>Apply here: <u>Virginia Licensing Portal</u>.</li> </ul>	<ul> <li>Apply Online</li> <li>Complete your application and pay the</li> </ul>
<ul> <li>Examination Scores</li> <li>Submit scores for all 3 steps of USMLE or FLEX.</li> <li>Option: Use FCVS Credentialing Services via FSMB.</li> </ul>	fee: Virginia Licensing Portal.  Submit Examination Scores  Request scores to be sent directly from USMLE/FLEX or use FCVS Credentialing Services.
Official Medical School Transcripts     Send directly to med- medbd@dhp.virginia.gov or via FCVS Credentialing Services (FSMB).	Provide Transcripts     Have your medical school send transcripts to medmedbd@dhp.virginia.gov.  Postgraduate Training Documentation
Postgraduate Training Documentation     Submit a Certificate of Completion or Program Director's Letter of Completion (for training within the last 5 years) to	Request your training institution to send     a Certificate of Completion or Program     Director's Letter to med-     medbd@dhp.virginia.gov.
med-medbd@dhp.virginia.gov.  Employment Activity	<ul> <li>Complete Employment Activity Form</li> <li>Download and submit the <u>Virginia</u> <u>Supplemental Form</u>.</li> </ul>
<ul> <li>Complete and submit this form: <u>Virginia</u> <u>Supplemental Form</u>.</li> </ul>	<ul><li>Verify Licenses</li><li>Contact each state licensing board</li></ul>
<ul> <li>License Verifications</li> <li>Official license verification must be sent directly from all state boards to med-</li> </ul>	where you hold a license and request them to send verifications directly to med-medbd@dhp.virginia.gov.
medbd@dhp.virginia.gov.	Submit NPDP Query
NPDB Self Query  • Complete the query at NPDB Self Query	<ul> <li>Complete your self-query at <u>NPDB Self Query</u> and email the certified report to med- medbd@dhp.virginia.gov.</li> </ul>
and have it emailed to med- medbd@dhp.virginia.gov.	<ul> <li>Address Reciprocity (If Applicable)</li> <li>For MD/DC license holders: Review instructions here: Reciprocity Guide.</li> </ul>
Name Change Documentation (if applicable)	<ul> <li>Submit your NPDB Self Query to VABOMReciprocityVerification@dhp.virginia.gov</li> </ul>
<ul> <li>Submit supporting documents for name changes.</li> </ul>	Contact Information  • Virginia Board of Medicine

9960 Mayland Drive, Suite 300

• Email: medbd@dhp.virginia.gov

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