
A. In compliance with requirements of § 54.1-2910.1 of the Code of Virginia, a doctor of medicine or osteopathy [or a doctor of podiatry] licensed by the board shall provide, upon initial request, the following information within 30 days:

1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;

2. Names of medical [or osteopathic] [or podiatry] schools and graduate medical [or podiatric] education programs attended with dates of graduation or completion of training;

3. Names and dates of specialty board certification, if any, as approved by the American Board of Medical Specialties [or the American Board of Osteopathic Medical Specialties], or the American Board of Podiatric Surgery;

4. Number of years in active, clinical practice in the United States or Canada, following
completion of medical [or podiatric] training and the number of years, if any, in active clinical practice outside the United States or Canada;

5. The specialty[, if any] in which the physician [or podiatrist] practices;

6. Names of insurance plans accepted or managed care plans in which the physician [or podiatrist] participates [and whether he is accepting new patients under such plans];

7. Names of hospitals with which the physician [or podiatrist] is affiliated;

8. Appointments within the past ten years to medical [or podiatry] school faculties with the years of service and academic rank;

9. Publications, not to exceed ten in number, in peer-reviewed literature within the most recent five-year period.

10. Whether there is access to translating services for non-English speaking patients at the primary practice setting, and which, if any, foreign languages are spoken in the practice;

11. Whether the physician [or podiatrist] participates in the Virginia Medicaid Program participates [and whether he is accepting new Medicaid patients];
B. The physician [or podiatrist] may provide additional information on hours of continuing education earned, subspecialities obtained, honors or awards received.

C. [After the initial request for information, the licensee shall provide to the board, within 30 days, current information in any of the above categories Whenever there is a change in the information on record with the practitioner profile system[, the practitioner shall provide current information in any of the above categories within 30 days of such change].

18 VAC 85-20-290. Reporting of malpractice paid claims [and board actions].

[A.] All malpractice paid claims reported to the Board of Medicine within the ten years immediately preceding the report shall be used to calculate the level of significance as required by §54.1-2910.1 of Code of Virginia. Each report of an award or settlement shall indicate:

1. The number of years the physician [or podiatrist] has been licensed in Virginia.

2. The specialty in which the physician [or podiatrist] practices.

3. The relative frequency of paid claims described in terms of the number of physicians [or podiatrists] in each specialty and the percentage who have had made malpractice payments within the ten-year period.

4. The date of the paid claim.
5. The relative amount of the paid claim described as average, below average or above average, which shall be defined as follows:

a. “Average” if the amount of the award is within one standard deviation above or below the mean for the amount of all reported claims for physicians [or podiatrists] who share the same specialty as the subject of the report;

b. “Below average” if the amount of the award is below one standard deviation from the mean for the amount of all reported claims for physicians [or podiatrists] who share the same specialty as the subject of the report; and

c. “Above average” if the amount of the award is above one standard deviation from the mean for the amount of all reported claims for physicians [or podiatrists] who share the same specialty as the subject of the report.

[B. The board shall make available as part of the profile information regarding disciplinary notices and orders as provided in § 54.1-2400.2 D of the Code of Virginia.]

18 VAC 85-20-300. Non-compliance or falsification of profile.

A. The failure to provide the information required by subsection A of 18 VAC 85-20-280 within 30 days of the request for information by the board may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.
B. Intentionally providing false information to the board for the practitioner profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.
Listing of Forms

18 VAC 85-20-10 et seq.
Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, and Physician Acupuncture

Regulations of the Board of Medicine

Instructions for Completing FLEX or USMLE Endorsement Application; American Graduates - revised May, 1997.

Instructions for Completing FLEX or USMLE Endorsement Application; Non-American Graduates - revised June, 1997.

Instructions for Completing PMLEXIS Examination Application - revised May, 1997.


Instructions for Completing LMCC Endorsement Application; Canadian/American Graduates - revised May, 1997.


Instructions for Completing Other Boards Endorsement Application; American Graduates - revised May, 1997.

Instructions for completing Other Boards endorsement application; Non-American graduate - revised June, 1997.

Form #A, Claims History Sheet - revised June, 1997.

Form #B, Activity Questionnaire - revised June, 1997.

Form #C, Clearance from Other State Boards - revised June, 1997.

Form #D, Virginia Request for Physician Profile - revised June, 1997.

Form #H, Certification of Grades Attained on the Podiatric Medical Licensing Examination for States (PMLEXIS) - revised June, 1997.

Form #I, National Board of Podiatric Medical Examiners request for scores on Part I and II - revised June, 1997.

Form HRB-30-061, Requirements and Instructions for an Intern/Resident License - revised July, 1997.

Intern/Resident Form #A, Memorandum from Associate Dean of Graduate Medical Education - revised July, 1997.


Instructions for Completing an Application for a Limited License to Practice Medicine as a Full-time Faculty Member or as a Full-time Fellow - revised 8/99.

Form DHP-030-056, Application for a Limited License to Practice Medicine as a Full-time Faculty Member or as a Full-time Fellow - revised January, 1998.


Instructions for a Licensure to Practice as a Physician Acupuncturist - revised March, 1997.


Renewal Notice and Application - revised July, 1997


VIRGINIA PHYSICIAN PROFILE

Licensure Name:

Licensure Status: Active (See disciplinary action)

License #: Medical Doctor 0101-
          Osteopathic Doctor 0102-

* Primary Practice Address: Street, City, State, Zip
  Approximate % Time at Location □
  Variable □

* Secondary Practice Address: Street, City, State, Zip
  Approximate % Time at each location
  1. □
  2. □
  3. □
  4. □
  5. □
  6. □

□ Please confirm current office hours.

Original License Date: Month Day Year

License Expiration Date: Month Day Year

Education
  Medical (osteopathic) school
  Degree
  Year Obtained

* Graduate Medical Education
  Years of graduate medical education
  Specialty
  Residency
  Fellowship

*Board Certification (ABMS or ABOMS approved)
  Name of Board
  Date originally certified
  None □
* Number of Years in Active Clinical Practice
  (Post-training in the United States or Canada)  
  (Post-training outside the United States or Canada)  

* Specialty area in which the physician practices

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<th>Specialty Area</th>
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<tbody>
<tr>
<td>Allergy and immunology</td>
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<tr>
<td>Anesthesiology</td>
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<tr>
<td>Colon and rectal surgery</td>
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<tr>
<td>Dermatology</td>
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<td>Emergency medicine</td>
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<td>Family practice</td>
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<td>Internal medicine</td>
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<td>Medical genetics</td>
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<td>Nuclear medicine</td>
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<td>Obstetrics and gynecology</td>
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<td>Thoracic surgery</td>
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<td>Urology</td>
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<td>Other (please list)</td>
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<td>2.</td>
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</table>
* Insurance or Managed Care Plans Accepted

Name(s)       Accepting new patients under the plan?

1.        YES ☐ NO ☐
2.        YES ☐ NO ☐
3.        YES ☐ NO ☐
4.        YES ☐ NO ☐
5.        YES ☐ NO ☐
6.        YES ☐ NO ☐
7.        YES ☐ NO ☐
8.        YES ☐ NO ☐
9.        YES ☐ NO ☐
10.       YES ☐ NO ☐

None ☐

* Hospital Affiliations

1.
2.
3.

* Medical School Faculty Appointment(s)

Years

   Academic Rank

   Institution

* Publications in last five years (up to 10)

Author(s)   Title Publication  Volume  Page  Year

(HTML Links)

* Access to Translating Services  YES ☐ NO ☐

Call office for details ☐

Foreign language(s) spoken in the practice

* Virginia Medicaid Accepted  YES ☐ NO ☐ Call office for details ☐

Physician is accepting new Medicaid patients  YES ☐ NO ☐

Malpractice Information (last 10 years)

Paid  Judgment NO ☐ Settlement NO ☐

Date 1. 1.
2. 2.

Amount: Above Average
Average  
Below Average

Number of practitioners with this same specialty instate:  
% with paid claims:

Final Disciplinary Action:  
Entity Taking action  Date  Final Action
1.  
2.  
3.  

* Additional Information on Practitioner Competence  
   Continuing Education  
   Subspecialties  
   Honors  
   Awards

* These items have been self-reported by the practitioner and can be changed by the practitioner.

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VIRGINIA PODIATRIST PROFILE

Licensure Name:

Licensure Status: Active (See disciplinary action)

License #: Podiatric Doctor 0103-

* Primary Practice Address: Street, City, State, Zip
  Approximate % Time at Location
  Variable

* Secondary Practice Address: Street, City, State, Zip
  Approximate % Time at each location
  1. 
  2. 
  3. 
  4. 
  5. 
  6. 

☐ Please confirm current office hours.

Original License Date: Month Day Year

License Expiration Date: Month Day Year

Education
  Podiatric school
  Degree
  Year Obtained

* Graduate Podiatric Education
  Years of graduate podiatric education
  Specialty
  Residency
  Fellowship

*Board Certification (American Board of Podiatric Surgery)
  Yes ☐ Date originally certified ☐ No ☐

* Number of Years in Active Clinical Practice
  (Post-training in the United States or Canada)
(Post-training outside the United States or Canada)  

* Specialty area in which the podiatrist practices (please list)

1. 
2. 
* Insurance or Managed Care Plans Accepted
   Name(s)       Accepting new patients under the plan?
   1.        YES ☐ NO ☐
   2.        YES ☐ NO ☐
   3.        YES ☐ NO ☐
   4.        YES ☐ NO ☐
   5.        YES ☐ NO ☐
   6.        YES ☐ NO ☐
   7.        YES ☐ NO ☐
   8.        YES ☐ NO ☐
   9.        YES ☐ NO ☐
  10.        YES ☐ NO ☐

None ☐

* Hospital Affiliations
   1.
   2.
   3.
   4.

* Podiatric School Faculty Appointment(s)
   Years
   Academic Rank
   Institution

* Publications in last five years (up to 10)
   Author(s)   Title Publication  Volume Page Year
   (HTML Links)

* Access to Translating Services YES ☐ NO ☐
   Call office for details ☐
   Foreign language (s) spoken in the practice

* Virginia Medicaid Accepted YES ☐ NO ☐
   Call office for details ☐
   Podiatrist is accepting new Medicaid patients YES ☐ NO ☐

Malpractice Information (last 10 years)
   Paid ☐ Judgment NO ☐ Settlement NO ☐
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Amount: Above Average  
Average  
Below Average

Number of practitioners with this same specialty instate:  
% with paid claims:

Final Disciplinary Action:

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* Additional Information on Practitioner Competence
  - Continuing Education
  - Subspecialties
  - Honors
  - Awards

* These items have been self-reported by the practitioner and can be changed by the practitioner.

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