



**OFFICE OF PROFESSIONAL LICENSURE & HEALTH PLANNING
APPLICATION FOR **PHYSICIAN ASSISTANT** LICENSE REGISTRATION**

NAME OF APPLICANT _____, SOCIAL SECURITY _____-_____-_____ IS HEREBY REGISTERING HIS/HER LICENSE# _____ TO PRACTICE AS A **PHYSICIAN ASSISTANT** THE U.S. VIRGIN ISLANDS FOR THE PERIOD ENDING **SEPTEMBER 30, 2018.** PLEASE REMIT \$125.00 **PRO-RATED REGISTRATION** FEE PAYABLE TO "GOVERNMENT OF THE VI" FOR YOUR PERMANENT LICENSE REGISTRATION.

PLEASE CONTACT THE TERRITORIAL RISK MANAGEMENT OFFICE IF YOU WISH TO PURCHASE MALPRACTICE INSURANCE. YOU MUST NOTIFY THE BOARD AND RISK MANAGEMENT PROMPTLY OF ANY LICENSE REVOCATIONS, JUDGEMENTS, SUMMONS, NOTICE OF INTENT TO SUE, ATTORNEY LETTERS, OR PROPOSED COMPLAINTS RECEIVED BY YOU OR YOUR OFFICE. RISK MANAGEMENT TELEPHONE NUMBER IS (340) 774-0117.

EMAIL ADDRESS

SIGNATURE/DATE

CURRENT MAILING ADDRESS:

PRACTICING IN VI? YES / NO

TELEPHONE#

BUSINESS ADDRESS

SUPERVISING PHYSICIAN

OTHER STATE LICENSE(S)

RETURN APPLICATION TO:

PROFESSIONAL LICENSURE & HEALTH PLANNING
VI Department of Health
3500 Estate Richmond
Christiansted, VI 00820-4370

Your registration application and documentation is due 30 days upon receipt. The following documents must accompany your application; certificate of professional liability insurance, registration fee in the appropriate amount made payable to **Government of the V.I.**, and any survey (if applicable). Please contact the Office of Professional Licensure & Health Planning by calling (340)713-2226 XT 3261 for further information.