**GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES**
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**DEPARTMENT OF HEALTH**

***"Wellness is Our Way of Life"***

PROFESSIONAL LICENSURE & HEALTH PLANNING
Tel. (340) 643-8992
AlliedHealth@doh.vi.gov

P.O. BOX 222995
CHRISTIANSTED, VI 00822-2995

# ALLIED HEALTH RENEWAL REQUEST

**(FILLABLE FORM - PLEASE TYPE ONLY)** DATE: _____

NAME: _____ _____ _____ _____
*first* *middle* *last* *suffix*

MAILING ADDRESS: _____CITY_____STATE____ZIP CODE_____

RESIDENTIAL ADDRESS:_____CITY_____STATE____ZIP CODE_____

EMAIL ADDRESS: _____

MOBILE PHONE NUMBER: _____ WORK PHONE NUMBER: _____

OCCUPATION:_____ DCLA CONTROL# _____

BUSINESS NAME:_____

PHYSICAL BUSINESS ADDRESS: _____CITY_____STATE____ZIP CODE_____

DCLA LICENSE#:_____ EXPIRATION DATE: _____



Failure to furnish all required documents will delay processing.

**APPLICANT NAME:**_____

## PLEASE BE SURE TO ATTACH COPIES OF THE FOLLOWING:

***(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)***

1. ❑ FIFTEEN (15) CONTINUING EDUCATION CREDITS ANNUALLY;
2. ❑ UPDATED PROFESSIONAL CREDENTIALS;
3. ❑ UPDATED CERTIFICATIONS AND/OR STATE LICENSES;
4. ❑ PROOF OF ATTENDANCE TO A 3 HOUR HIV/STD COURSE; AND
5. ❑ PROOF OF MALPRACTICE INSURANCE.
6. ❑ SUBMIT A CURRENT (DATED WITHIN 6 MONTHS OF VI APPLICATION) NATIONAL PRACTITIONER DATA BANK SELF-QUERY.
    A. VISIT **HTTPS://WWW.NPDB.HRSA.GOV/EXT/SELFQUERY/SQHOME.JSP** AND BEGIN THE PROCESS FOR THE SELF-QUERY. FOLLOW ALL INSTRUCTIONS GIVEN.
    B. AFTER YOUR SELF-QUERY HAS BEEN PROCESSED BY THE NPDB, THEY WILL SEND THE SELF-QUERY REPORT DIRECTLY TO YOU.
    C. YOU MUST FIRST OPEN THIS REPORT TO MAKE SURE THAT THE RESULTS WERE NOT REJECTED, AND ALL INFORMATION SUBMITTED IS CORRECT.
    D. SEND ALL PARTS OF THE SELF-QUERY REPORT DIRECTLY TO OUR OFFICE WITH YOUR APPLICATION.
    E. FOR NPDB QUESTIONS OR ASSISTANCE, CALL **800-767-6732** OR EMAIL **HELP@NPDB.HRSA.GOV**.
7. ❑ PLEASE **EMAIL** YOUR COMPLETED RENEWAL FORM AND DOCUMENTS TO **ALLIEDHEALTH@DOH.VI.GOV.**