



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

Plhpdocuments@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: _____

Professional Licensure & Health Planning

P.O. Box 222995 Christiansted, VI 00822-2995 Telephone: (340) 643-8992

Updated January 29, 2024.

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. ☐ EIGHT (10) 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](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](tel:800-767-6732) OR EMAIL HELP@NPDB.HRSA.GOV.
7. ☐ PLEASE EMAIL YOUR COMPLETED RENEWAL FORM AND DOCUMENTS TO PLHPDOCUMENTS@DOH.VI.GOV.