

## REACTIVATION APPLICATION (For Health Care Professionals)

Legal Name: (First, Middle, Last <b>OR</b> Name of Corporation, Partnership, JV, LLC, LLP)			<input type="checkbox"/> BP Address	<input type="checkbox"/> Lic. Status/Address
Name on Record:			<input type="checkbox"/> History	<input type="checkbox"/> Employment
Residence or Business Address: (Include Apt. No., City, State & Zip Code)			<input type="checkbox"/> Class Status	<input type="checkbox"/> Insurance Status
Mailing Address: (ONLY if different from above)			Initials/Date:	
<b>PERSONAL</b> E-Mail Address:			FOR OFFICE USE ONLY	
Phone No.: (Days)	Social Security No. (Individuals only)			
License No.:	Inactive Since:			
			<b>TOTAL AMOUNT DUE . . . . . \$ _____</b>	

**GENERAL INSTRUCTIONS** (Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl))

1. Complete on-line fillable application **OR print LEGIBLY**. Check your license type on page 2. Answer ALL questions and sign application. Incomplete applications will not be accepted. Name changed? Attach a copy of your name change document.
2. The "Information on Requirements for Reactivation" list the individual license requirements alphabetically by license type. Find your license type for fee and other requirements. All required documents must be **ATTACHED** to this application.
3. Make check payable to: **COMMERCE AND CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)  
**Note:** A \$25 service charge shall be assessed for payments that are dishonored for any reason. Returned payments are considered **NON-RECEIPT** of your fee and application, and the inactive effective date is voided.
4. Mail all items to:

PVL Licensing Branch Commerce & Consumer Affairs P.O. Box 3469 Honolulu, HI 96801	OR	Deliver to office location at: 335 Merchant Street, Room 301 Honolulu, HI 96813 Phone No.: (808) 586-3000
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(CONTINUED ON PAGE 2)

Ren .....	_____	\$ _____
CRF .....	_____	\$ _____
REAC .....	RCT .....	\$12/\$36/\$60
Service Charge .....	BCF .....	\$25

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Check your license type:**

- NATUROPATH
- PHYSICIAN ASSISTANT

For Reactivation of Nursing - See separate application.

Check answers and give details when required:

1. Since the date that your Hawaii license, certificate or registration was placed on inactive status, have you been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  Yes  No
2. Since the date that your Hawaii license, certificate or registration was placed on inactive status, has any license, certificate or registration been suspended, revoked, or otherwise subject to disciplinary action in this state or any state? .....  Yes  No
3. Are there any disciplinary actions pending against you? .....  Yes  No

***If any answer is "Yes", provide information on date, place, and type of disciplinary action or conviction on a separate sheet and attach board's final order or court documentation on the violation of each conviction and fulfillment of conditions of each sentence.***

I hereby certify that the answers, statements, and representations made on this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation or license and is a misdemeanor (Section 710-1017, and 436B-19 Hawaii Revised Statutes).

\_\_\_\_\_  
Signature of Applicant/Officer/Partner/Manager/Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

## INFORMATION ON REQUIREMENTS FOR REACTIVATION (Health Care Professionals)

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

BOARD & LICENSE TYPE	LEGAL REFERENCE	FEE (CRF = Compliance Resolution Fund REAC = Reactivation Fee)	OTHER REQUIREMENT
	DCCA Rule 16-53		
<b>MEDICAL</b>  <b>- Physician's Assistant</b>  - Reactivation - paid "Active" Renewal  - Reactivation - paid "Inactive" Renewal	436B-13.3	\$12 Reactivation fee  \$36 Renewal + \$110 CRF + \$12 REAC = \$158	>Submit evidence of current NCCPA certification; >Verification Supervising Physician (AMD-03).  >Same as above.
<b>NATUROPATHY</b>  - Reactivation - paid "Active" Renewal  - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-26	\$12 Reactivation fee  \$246 Renewal + \$134 CRF + \$12 REAC = \$392	None  None
<b>NURSING</b>	436B-13.3		Contact our office for separate forms.

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