State of West Virginia

West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

PLLC Application Form
and
Instructions to obtain a Certificate of Authorization for a PLLC in WV

Applicants seeking a Certificate of Authorization for a PLLC through the Board of Medicine shall provide the following:

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1. A completed and signed application form.
2. Fee of $100.00 – Business check, personal check, money order, cashier's check payable to WV Board of Medicine.
3. Written documentation "Letter of Intent" for certificate of insurance of $1,000,000.00 in the business name of the PLLC.
4. Please note per the WV Business Code requirements, your PLLC shall contain the words "Professional Limited Liability Company" or abbreviation P.L.L.C., "PLLC" Professional LLC or Professional L.L.C. Business's listed with LLC's alone are not acceptable

- Once this is received a "Letter of Authorization" will be sent to the Secretary of State. When you receive a copy of this letter form the Board of Medicine, you may proceed with filing your necessary paper work with the Secretary of State.

- A numbered "Certificate of Authorization" will be issued after this entity submits to the Board a copy of the "Certificate of Authority of a Professional Limited Liability Company" issued by the Secretary of State.

A copy of 11 CSR 7 that pertains to PLLC companies is available on our Website.

West Virginia Board of Medicine

Application to obtain a certificate of authorization as a Professional Limited Liability Company in the State of West Virginia

Date _____

PLLC Name: _____

Office Location:_____

_____

(city) (state) (zip code) (county)

Mailing Address_____

_____

(city) (state) (zip code) (county)

Telephone Number: (____)_____ **Fax Number:** (____)_____

FEIN _____ **Email:** _____@____

PLLC Members (All must be MDs or DPMs or DOs)

Name: _____ **Address**_____

WV Lic #_____

Signature: _____

Name: _____ **Address**_____

WV Lic #: _____ _____

Signature:

_____

(Add additional members on the reverse of this form.)

On behalf of the above named PLLC, I certify that that this application is the true and complete.

Certifying member_____ **Date**_____

_____

BOARD USE ONLY

Rev. 11/2013

Name:
WV Lic: # _____

Check Current Status in PLLC:
Active ☐ Terminated ☐

Signature: _____

End Date: _____

Name:
WV Lic: # _____

Check Current Status in PLLC:
Active ☐ Terminated ☐

Signature: _____

End Date: _____

Name: _____

Check Current Status in PLLC:

WV Lic # _____

Active ☐ Terminated ☐

Signature: _____

End Date: _____

Name: _____

Check Current Status in PLLC:

WV Lic # _____

Active ☐ Terminated ☐

Signature: _____

End Date: _____

Name: _____

Check Current Status in PLLC:

WV Lic # _____

Active ☐ Terminated ☐

Signature: _____

End Date: _____

Name: _____

Check Current Status in PLLC:

WV Lic # _____

Active ☐ Terminated ☐

Signature: _____

End Date: _____

Name: _____

Check Current Status in PLLC:

WV Lic # _____

Active ☐ Terminated ☐

Signature: _____

End Date: _____