



State of West Virginia

Board of Medicine

101 Dee Drive, Suite 103

Charleston, WV 25311

Telephone 304.558.2921

Fax 304.558.2084

<https://wvbom.wv.gov>

ATTENTION: PLEASE READ CAREFULLY **INACTIVE TO ACTIVE APPLICATION**

A - L

Your license to practice medicine and surgery in the State of West Virginia is in an **INACTIVE** status. Licensees who seek to change licensure status from **INACTIVE** to **ACTIVE** status must submit a complete Change of Status Application with all required accompanying documentation and the applicable fee.

IMPORTANT

By law, you **MUST** keep this office apprised of **any and all of your address changes** that occur during your registration period, including changes to your e-mail address.

To **AVOID** delay in licensure activation, answer each question legibly and accurately. Review the entire application to verify that each answer is correct and complete. Applications that are illegible or incomplete, and applications submitted without the correct fee, **will be returned** to the applicant and will not be processed. Applicants are required to personally complete the change of status application. Please do not delegate completion of this application to any other person. Because an original signature is required, applications are not accepted via facsimile or e-mail.

INSTRUCTIONS

1. Change of status applicants who have not paid a \$125 Patient Injury Compensation Fund assessment since July 1, 2016, must pay the PICF assessment fee prior to submitting a change of status application. Because PICF payments are deposited directly with BRIM, the assessment fee must be paid online through the PICF fee portal on the Board's website at <https://wvbom.wv.gov/assessment/>. The Board cannot accept any other method of PICF fee payment.
2. Complete the change of status application and return it to this office with the change of status fee of \$400. Make your check or money order payable to the West Virginia Board of Medicine.
3. Include a letter accounting your professional activities for your period of inactivity beginning with the date your West Virginia license became inactive. Your explanation of your activities during your period of inactivity must be satisfactory to the Board.
4. Complete, sign and date the Continuing Medical Education Certification and provide documentation supporting successful completion of the required continuing medical education satisfactory to the Board **during the period of July 1, 2016, to June 30, 2018.**
5. If you are currently registered with the Controlled Substance Monitoring Program, you must submit a copy of your certificate of registration with the West Virginia Controlled Substance Monitoring Database.

Mail your completed application and fee to:

WEST VIRGINIA BOARD OF MEDICINE
101 Dee Drive, Suite 103
Charleston, WV 25311

Due to federal reporting requirements, this application requests your social security number. Disclosing your social security number is MANDATORY in order for the Board to comply with the requirements of the National Practitioner Data Bank. If the Board should be required to make a report about one of its applicants or licensees to the Data Bank, it must report that individual's social security number.

NAME OF PHYSICIAN: (Please type or print legibly) SOCIAL SECURITY NO: _____

Last Name (including Jr., Sr., II, etc.) First Name Middle Name

LICENSE NO.: _____ DATE OF BIRTH: _____ SEX: _____

For the period of July 1, 2016 through present, please list each and every state and/or Canadian Province where you have been licensed, whether such license is currently active or not.

Please list all West Virginia HOSPITALS where you currently have admitting privileges If none, check here _____

a) _____

b) _____

c) _____

Please list each MEDICAL CORPORATION or MEDICAL PLLC for which you are a SHAREHOLDER, OWNER, or PARTNER If none, check here _____

a) _____

b) _____

c) _____

Will you be actively practicing medicine in West Virginia? Yes _____ No _____

Enter the code for your SPECIALTY from the list on page two:

Primary Specialty _____ Secondary Specialty _____

Workforce Planning Data:

Health related professional licensing boards, including the Board of Medicine, are required to request certain workforce planning data from its licensees. W. Va. Code §30-1-20 (2014). The following questions are to assist the Board in gathering the required information. The information collected will be supplied to the legislature in the aggregate to comply with the new law. If you are unsure of your anticipated retirement date, please provide your best estimate.

Anticipated Date of Retirement: _____

Percent of Time in Direct Services: _____ Percent of Time in Administration: _____

ACTIVE LICENSE \$400.00 _____

BOARD USE ONLY

CODES FOR SELF-DESIGNATION OF PRACTICE SPECIALTY/ AREAS OF PRACTICE

AR Abdominal Radiology	ES Endovascular Surgical Neuroradiology (Neurological Surgery)	NPM Neonatal-Perinatal Medicine	PSP Plastic Surgery within the Head & Neck (Plastic Surgery)
AS Abdominal Surgery	ENR Endovascular Surgical Neuroradiology (Neurology)	NEP Nephrology	GPM General Preventive Medicine
ADM Addiction Medicine	EP Epidemiology	NDP Neurodevelopmental Disabilities (Pediatrics)	PRD Procedural Dermatology
ADP Addiction Psychiatry	EPL Epilepsy	NDN Neurodevelopmental Disabilities (Psychiatry & Neurology)	PRO Proctology
AMF Adolescent Medicine (Family Medicine)	FPS Facial Plastic Surgery	N Neurology	P Psychiatry
AMI Adolescent Medicine (Internal Medicine)	FM Family Medicine	NS Neurological Surgery	PYA Psychoanalysis
ADL Adolescent Medicine (Pediatrics)	UPR Female Pelvic Medicine (Urology)	NMN Neuromuscular Medicine (Neurology)	PYM Psychosomatic Medicine
ACA Adult Cardiothoracic Anesthesiology (Anesthesiology)	FPR Female Pelvic Medicine & Reconstructive Surgery (Obstetrics & Gynecology)	NMP Neuromuscular Medicine (Physical Medicine & Rehabilitation)	PHP Public Health and General Preventive Medicine
CHD Adult Congenital Heart Disease	FOP Forensic Pathology	NP Neuropathology	PCC Pulmonary Critical Care Medicine
OAR Adult Reconstructive Orthopedics	PPF Forensic Psychiatry	RNR Neuroradiology	PUD Pulmonary Disease
AHF Advanced Heart Failure & Transplant Cardiology (Internal Medicine)	GE Gastroenterology	NUP Neuropsychiatry	RO Radiation Oncology
AM Aerospace Medicine	GP General Practice	NO Neurotology (Otolaryngology)	RP Radiological Physics
A Allergy	GS General Surgery	NC Nuclear Cardiology	R Radiology
AI Allergy & Immunology	FPG Geriatric Medicine (Family Medicine)	NM Nuclear Medicine	REN Reproductive Endocrinology and Infertility
PTH Anatomic/Clinical Pathology	IMG Geriatric Medicine (Internal Medicine)	NR Nuclear Radiology	RHU Rheumatology
ATP Anatomic Pathology	PYG Geriatric Psychiatry	NTR Nutrition	SP Selective Pathology
AN Anesthesiology	GYN Gynecology	OAN Obstetric Anesthesiology (Anesthesiology)	SME Sleep Medicine
BBK Blood Banking/Transfusion Medicine	GO Gynecological Oncology	OBS Obstetrics	SMA Sleep Medicine (Anesthesiology)
BIN Brain Injury Medicine (Neurology)	HS Hand Surgery	OBG Obstetrics & Gynecology	SMI Sleep Medicine (Internal Medicine)
BIP Brain Injury Medicine (Physical Medicine & Rehabilitation)	HNS Head & Neck Surgery	OM Occupational Medicine	SMP Sleep Medicine (Pediatrics)
CTR Cardiothoracic Radiology	HEM Hematology (Internal Medicine)	OPR Ophthalmic Plastic and Reconstructive Surgery (Ophthalmology)	SMN Sleep Medicine (Psychiatry & Neurology)
CD Cardiovascular Disease	HMP Hematology (Pathology)	OPH Ophthalmology	SCI Spinal Cord Injury Medicine
PCH Chemical Pathology	HO Hematology/Oncology	OMF Oral & Maxillofacial Surgery	ESM Sports Medicine (Emergency Medicine)
CAP Child Abuse Pediatrics	HEP Hepatology	ORS Orthopedic Surgery	FSM Sports Medicine (Family Medicine)
CHP Child and Adolescent Psychiatry	HPM Hospice & Palliative Medicine	OSS Orthopedic Surgery of the Spine	ISM Sports Medicine (Internal Medicine)
CHN Child Neurology	HPA Hospice & Palliative Medicine (Anesthesiology)	OTR Orthopedic Trauma	OSM Sports Medicine (Orthopedic Surgery)
CBG Clinical Biochemical Genetics	HPE Hospice & Palliative Medicine (Emergency Medicine)	OMM Osteopathic Manipulative Medicine	PSM Sports Medicine (Pediatrics)
ICE Clinical Cardiac Electrophysiology	HPF Hospice & Palliative Medicine (Family Medicine)	OFA Foot and Ankle, Orthopedics	PRS Sports Medicine (Physical Medicine & Rehabilitation)
CCG Clinical Cytogenetics	HPI Hospice & Palliative Medicine (Internal Medicine)	OTO Otolaryngology	CCS Surgical Critical Care (Surgery)
CG Clinical Genetics	HPO Hospice & Palliative Medicine (Obstetrics & Gynecology)	PME Pain Management	HSO Surgery of the Hand (Orthopedics)
CIP Clinical Informatics (Pathology)	HPP Hospice & Palliative Medicine (Pediatrics)	PMM Pain Medicine	HSP Surgery of the Hand (Plastic Surgery)
CIM Clinical Informatics (Preventive Medicine)	HPR Hospice & Palliative Medicine (Physical Medicine & Rehabilitation)	APM Pain Medicine (Anesthesiology)	HSS Surgery of the Hand (Surgery)
DDL Clinical and Laboratory Dermatological Immunology	HPN Hospice & Palliative Medicine (Psychiatry & Neurology)	PMN Pain Medicine (Neurology)	SO Surgical Oncology
ILI Clinical and Laboratory Immunology (Internal Medicine)	HPD Hospice & Palliative Medicine (Radiology)	PMP Pain Medicine (Physical Medicine & Rehabilitation)	TS Thoracic Surgery
PLI Clinical and Laboratory Immunology (Pediatrics)	HPS Hospice & Palliative Medicine (Surgery)	PPN Pain Medicine (Psychiatry)	TRS Trauma Surgery
ALI Clinical and Laboratory Immunology (Allergy & Immunology)	HOS Hospitalist	PLM Palliative Medicine	THP Transplant Hepatology (Internal Medicine)
CMG Clinical Molecular Genetics	IG Immunology	PDA Pediatric Allergy	TTS Transplant Surgery
CN Clinical Neurophysiology	PIP Immunopathology	PAN Pediatric Anesthesiology (Anesthesiology)	UME Undersea & Hyperbaric Medicine (Emergency Medicine)
CLP Clinical Pathology	ID Infectious Disease	PDC Pediatric Cardiology	UM Undersea & Hyperbaric Medicine (Preventive Medicine)
PA Clinical Pharmacology	IM Internal Medicine	PCS Pediatric Cardiothoracic Surgery	UCM Urgent Care Medicine
CRS Colon & Rectal Surgery	MPD Internal Medicine/Pediatrics	CCP Pediatric Critical Care Medicine	U Urology
CHS Congenital Cardiac Surgery (Thoracic Surgery)	IC Interventional Cardiology	PDD Pediatric Dermatology	VIR Vascular and Interventional Radiology
CS Cosmetic Surgery	LM Legal Medicine	PE Pediatric Emergency Medicine (Emergency Medicine)	VM Vascular Medicine
CFS Craniofacial Surgery	MFM Maternal & Fetal Medicine	PEM Pediatric Emergency Medicine (Pediatrics)	VN Vascular Neurology
CCA Critical Care Medicine (Anesthesiology)	MBG Medical Biochemical Genetics	PDE Pediatric Endocrinology	VS Vascular Surgery
CCE Critical Care Medicine (Emergency Medicine)	MG Medical Genetics	PG Pediatric Gastroenterology	
CCM Critical Care Medicine (Internal Medicine)	MDM Medical Management	PHO Pediatric Hematology/Oncology	In addition to the above, the following specialty designations are also used:
OCC Critical Care Medicine (Obstetrics & Gynecology)	MM Medical Microbiology	PDI Pediatric Infectious Disease	OS Other (i.e., a specialty other than those appearing above)
ASO Complex General Surgical Oncology (Surgery)	ON Medical Oncology	PN Pediatric Nephrology	US Unspecified
PCP Cytopathology	MDP Medical Physics	PO Pediatric Ophthalmology	
D Dermatology	ETX Medical Toxicology (Emergency Medicine)	OP Pediatric Orthopedics	
DMP Dermatopathology	PDT Medical Toxicology (Pediatrics)	PDO Pediatric Otolaryngology	
DS Dermatologic Surgery	PTX Medical Toxicology (Preventive Medicine)	PP Pediatric Pathology	
DBP Developmental-Behavioral Pediatrics	MGG Molecular Genetic Pathology (Medical Genetics)	PDP Pediatric Pulmonology	
DIA Diabetes	MGP Molecular Genetic Pathology (Pathology)	PDR Pediatric Radiology	
DR Diagnostic Radiology	OMO Musculoskeletal Oncology	PDM Pediatric Rehabilitation Medicine	
EMS Emergency Medical Services	MSR Musculoskeletal Radiology	PPR Pediatric Rheumatology	
EM Emergency Medicine		NSP Pediatric Surgery (Neurology)	
END Endocrinology, Diabetes and Metabolism		PDS Pediatric Surgery (Surgery)	
ESN Endovascular Surgical Neuroradiology (Radiology)		PTP Pediatric Transplant Hepatology (Pediatrics)	
		UP Pediatric Urology	
		PD Pediatrics	
		PHM Pharmaceutical Medicine	
		PHL Phlebology	
		PM Physical Medicine & Rehabilitation	
		PS Plastic Surgery	
		PSH Plastic Surgery within the Head & Neck	
		PSO Plastic Surgery within the Head & Neck (Otolaryngology)	

APPLICATION FOR CHANGE OF STATUS OF WEST VIRGINIA MEDICAL LICENSE FROM INACTIVE TO ACTIVE (A-L)
(For the Period ending June 30, 2020)

The Board may seek to contact you at any e-mail address you provide.

E-MAIL ADDRESS: _____

HOME ADDRESS (This is your principal place of residence and is a physical address. Please do not use a P O Box as your home address, however, it may be your preferred contact address):

Street Address City County

State Zip Telephone: _____ Mobile Phone: _____

PREFERRED CONTACT ADDRESS (Preferred contact information is the contact information that the Board will use to contact you. Please be advised that this information may be subject to release pursuant to a public records request.

Business Name (if applicable)

Telephone: _____
Street Address

City County State Zip

PRIMARY WORK ADDRESS (Only your primary work address is listed on the WVBOM website.):

Business Name

Telephone: _____
Street Address

City County State Zip

WORK ADDRESS #2:

Business Name

Telephone: _____
Street Address

City County State Zip

APPLICATION FOR CHANGE OF STATUS OF WEST VIRGINIA MEDICAL LICENSE FROM INACTIVE TO ACTIVE (A-L)
(For the Period ending June 30, 2020)

CERTIFICATION OF CONTINUING MEDICAL EDUCATION COMPLIANCE

All responses shall be for the period July 1, 2016 to June 30, 2018.

If you have questions, please contact the Board office at 304-558-2921.

YOU MUST SEND CERTIFICATES WITH THIS APPLICATION.

Please check the line in front of the statement that is applicable to you. You must select one.

_____ I hereby attest that between July 1, 2016 and June 30, 2018, I successfully completed a minimum of fifty (50) hours of continuing medical education satisfactory to the Board. All courses for which I claim credit have been designated as Category 1 CME by the AMA or the AAFP. Thirty hours of courses for which I claim credit are within my designated area(s) of specialty. I understand that I cannot claim more than 20 hours of medical teaching/preceptorship towards my 50 hour total. I understand that if I am ineligible for a waiver of the mandatory drug diversion training and best practice prescribing of controlled substances CME, I can include that course in my 50 hour total.

_____ I hereby attest that in addition to either completing the mandatory drug diversion training and best practices prescribing of controlled substances CME or requesting a waiver of that requirement:

- a. Between July 1, 2016 and June 30, 2018, I sat for and passed a certification or recertification examination of an American Board of Medical Specialties (ABMS) member board and received certification or recertification and I will provide written verification; or
- b. I am American Board of Medical Specialties (ABMS) certified, and between July 1, 2016 and June 30, 2018, I was successfully involved in maintenance of certification (MOC) and will provide written verification of MOC involvement from my ABMS Board; or
- c. Between July 1, 2016 and June 30, 2018, I successfully completed one full year of ACGME approved post-graduate training, and I will provide written verification from my program.

Please check the line in front of the statement that is applicable to you. You must select one.

Mandatory drug diversion training and best practice prescribing of controlled substances CME.

A list of Board approved training can be found at https://wvbom.wv.gov/Cont_Med_Education.asp.

_____ Between July 1, 2016 and June 30, 2018, I completed a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances CME through a course which has been approved by the West Virginia Board of Medicine and I will provide written verification. I attest that I have reviewed the list of Board approved courses, and that the course I took is on the list and was completed between July 1, 2016 and June 30, 2018.

_____ I attest that during the period of July 1, 2016 through June 30, 2018, I did not prescribe, administer, or dispense any controlled substances whatsoever. I therefore request that the Board waive the CME requirement.

PHYSICIAN'S

ORIGINAL

SIGNATURE: _____ **DATE:** _____

YOU MUST SEND CME CERTIFICATES WITH THIS APPLICATION. *You may be audited!* If you have requested a waiver of the (3) hour drug diversion training CME, you may be audited and the Board may require independent verification through the Controlled Substance Monitoring Program that you have not prescribed any controlled substances during the requisite period.

APPLICATION FOR CHANGE OF STATUS OF WEST VIRGINIA MEDICAL LICENSE FROM INACTIVE TO ACTIVE (A-L)
(For the Period ending June 30, 2020)

PROFESSIONAL PRACTICE QUESTIONS

DURING THE PERIOD OF JULY 1, 2016 TO PRESENT HAVE YOU, IN ANY JURISDICTION, FOR ANY REASON:

Table with 3 columns: Question number and text, YES, NO. Contains 15 numbered questions regarding medical practice violations, disciplinary actions, and legal issues.

ALL YES ANSWERS MUST BE ACCOMPANIED BY A WRITTEN EXPLANATION, SIGNED AND DATED BY YOU, EXPLAINING IN DETAIL YOUR YES ANSWER(S). YOU MUST ALSO ENCLOSE OR CAUSE TO BE SUBMITTED ALL REQUESTED SUPPORTIVE DOCUMENTATION.

PHYSICIAN'S ORIGINAL SIGNATURE: _____ DATE: _____

APPLICATION FOR CHANGE OF STATUS OF WEST VIRGINIA MEDICAL LICENSE FROM INACTIVE TO ACTIVE (A-L)
(For the Period ending June 30, 2020)

PROOF OF CONTROLLED SUBSTANCE MONITORING PROGRAM REGISTRATION

Effective June 10, 2016, all physicians who prescribe or dispense Schedule II, III and/or IV controlled substances are required to show proof that they are registered with the West Virginia Controlled Substance Monitoring Program (CSMP). This is not the same as a DEA registration, and is obtained through the West Virginia Board of Pharmacy at <https://www.csappwv.com>.

Please select the option that is applicable to you:

I am currently registered with the CSMP, and I have enclosed a copy of my CSMP registration certificate.

I am not currently registered with the CSMP, but I understand that if I intend to prescribe or dispense any Schedule II, III and/or IV controlled substances pursuant to my West Virginia medical license, I must be registered to access the WVCSMP within thirty days of a change in my license status from inactive to active.

PHYSICIAN'S

ORIGINAL SIGNATURE: _____ DATE: _____

Please be advised that the following certification is a mandatory component of this application. State law requires that you be notified that "making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license." West Virginia Code §48-15-303.

I certify, under penalty of false swearing, that:

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. I have a court ordered child support obligation..... | _____ | _____ |
| 2. I have a court ordered child support obligation and any arrearage amount equals or exceeds the amount of child support payable for six (6) months... | _____ | _____ |
| 3. I am the subject of a child support related subpoena or warrant..... | _____ | _____ |

PHYSICIAN'S

ORIGINAL SIGNATURE: _____ DATE: _____

APPLICATION FOR CHANGE OF STATUS OF WEST VIRGINIA MEDICAL LICENSE FROM INACTIVE TO ACTIVE (A-L)
(For the Period ending June 30, 2020)

CERTIFICATION

By **AFFIXING MY INITIALS** next to the following statements, I certify that:

_____ I understand that I am required to personally complete this application, and I am solely responsible for the accuracy and completeness of the information provided, including all information regarding my practice since July 1, 2016, and my certification of successful completion of all required continuing medical education.

_____ I have carefully read and understood all the questions included on each page of this change of status application and have answered all the questions completely, without reservations of any kind. I declare that my answers and all statements made by me herein are true and correct.

_____ I understand that any license issued based upon this change of status application is based on the truth of the statements contained herein. Should I furnish false or misleading information in this change of status application, I hereby agree and understand that any such act shall constitute good cause for disciplinary action and/or the subsequent revocation of my license.

_____ I understand that regardless of the date of my signatures, all statements in this change of status application relate to the entire period of July 1, 2016 to present unless otherwise specifically stated on the application. If, after I provide my signature and prior to the Board issuing a change of status of my license, any answer should change for any reason, I have a duty to notify the Board and amend my change of status application.

PHYSICIAN'S

ORIGINAL SIGNATURE: _____ **DATE:** _____