



# State of West Virginia

## ***Board of Medicine***

101 Dee Drive, Suite 103

Charleston, WV 25311

Telephone 304.558.2921

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<https://wvbom.wv.gov>

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

#### **M - Z**

Your license to practice medicine and surgery in the State of West Virginia is currently in **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 and/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 application 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 submit documentation supporting successful completion of the required continuing medical education **during the period of July 1, 2015, through June 30, 2017**.
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 Substances Monitoring Database.

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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, 2015 through June 30, 2017, 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 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 information collected will be supplied to the legislature in the aggregate for workforce planning purposes. 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	_____
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<u>BOARD USE ONLY</u>
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## 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 Epileptology	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	PFP 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	SMO Sleep Medicine (Otolaryngology)
CTR Cardiothoracic Radiology	HEM Hematology (Internal Medicine)	OPR Ophthalmic Plastic and Reconstructive Surgery (Ophthalmology)	SMP Sleep Medicine (Pediatrics)
CD Cardiovascular Disease	HMP Hematology (Pathology)	OPH Ophthalmology	SMN Sleep Medicine (Psychiatry & Neurology)
PCH Chemical Pathology	HO Hematology/Oncology	OMF Oral & Maxillofacial Surgery	SCI Spinal Cord Injury Medicine
CAP Child Abuse Pediatrics	HEP Hepatology	ORS Orthopedic Surgery	ESM Sports Medicine (Emergency Medicine)
CHP Child and Adolescent Psychiatry	HPM Hospice & Palliative Medicine	OSS Orthopedic Surgery of the Spine	FSM Sports Medicine (Family Medicine)
CHN Child Neurology	HPA Hospice & Palliative Medicine (Anesthesiology)	OTR Orthopedic Trauma	ISM Sports Medicine (Internal Medicine)
CBG Clinical Biochemical Genetics	HPE Hospice & Palliative Medicine (Emergency Medicine)	OMM Osteopathic Manipulative Medicine	OSM Sports Medicine (Orthopedic Surgery)
ICE Clinical Cardiac Electrophysiology	HPF Hospice & Palliative Medicine (Family Medicine)	OFA Foot and Ankle, Orthopedics	PSM Sports Medicine (Pediatrics)
CCG Clinical Cytogenetics	HPI Hospice & Palliative Medicine (Internal Medicine)	OTO Otolaryngology	PRS Sports Medicine (Physical Medicine & Rehabilitation)
CG Clinical Genetics	HPO Hospice & Palliative Medicine (Obstetrics & Gynecology)	PME Pain Management	CCS Surgical Critical Care (Surgery)
CIP Clinical Informatics (Pathology)	HPP Hospice & Palliative Medicine (Pediatrics)	PMM Pain Medicine	HSO Surgery of the Hand (Orthopedics)
CIM Clinical Informatics (Preventive Medicine)	HPR Hospice & Palliative Medicine (Physical Medicine & Rehabilitation)	APM Pain Medicine (Anesthesiology)	HSP Surgery of the Hand (Plastic Surgery)
DDL Clinical and Laboratory Dermatological Immunology	HPN Hospice & Palliative Medicine (Psychiatry & Neurology)	PMN Pain Medicine (Neurology)	HSS Surgery of the Hand (Surgery)
ILI Clinical and Laboratory Immunology (Internal Medicine)	HPD Hospice & Palliative Medicine (Radiology)	PMP Pain Medicine (Physical Medicine & Rehabilitation)	SO Surgical Oncology
PLI Clinical and Laboratory Immunology (Pediatrics)	HPS Hospice & Palliative Medicine (Surgery)	PPN Pain Medicine (Psychiatry)	TS Thoracic Surgery
ALI Clinical and Laboratory Immunology (Allergy & Immunology)	HOS Hospitalist	PLM Palliative Medicine	TRS Trauma Surgery
CMG Clinical Molecular Genetics	IG Immunology	PDA Pediatric Allergy	THP Transplant Hepatology (Internal Medicine)
CN Clinical Neurophysiology	PIP Immunopathology	PAN Pediatric Anesthesiology (Anesthesiology)	TTS Transplant Surgery
CLP Clinical Pathology	ID Infectious Disease	PDC Pediatric Cardiology	UME Undersea & Hyperbaric Medicine (Emergency Medicine)
PA Clinical Pharmacology	IM Internal Medicine	PCS Pediatric Cardiothoracic Surgery	UM Undersea & Hyperbaric Medicine (Preventive Medicine)
CRS Colon & Rectal Surgery	MPD Internal Medicine/Pediatrics	CCP Pediatric Critical Care Medicine	UCM Urgent Care Medicine
CHS Congenital Cardiac Surgery (Thoracic Surgery)	IC Interventional Cardiology	PDD Pediatric Dermatology	U Urology
CS Cosmetic Surgery	LM Legal Medicine	PE Pediatric Emergency Medicine (Emergency Medicine)	VIR Vascular and Interventional Radiology
CFS Craniofacial Surgery	MFM Maternal & Fetal Medicine	PEM Pediatric Emergency Medicine (Pediatrics)	VM Vascular Medicine
CCA Critical Care Medicine (Anesthesiology)	MBG Medical Biochemical Genetics	PDE Pediatric Endocrinology	VN Vascular Neurology
CCE Critical Care Medicine (Emergency Medicine)	MG Medical Genetics	PG Pediatric Gastroenterology	VS Vascular Surgery
CCM Critical Care Medicine (Internal Medicine)	MDM Medical Management	PHO Pediatric Hematology/Oncology	
OCC Critical Care Medicine (Obstetrics & Gynecology)	MM Medical Microbiology	PDI Pediatric Infectious Disease	In addition to the above, the following specialty designations are also used:
ASO Complex General Surgical Oncology (Surgery)	ON Medical Oncology	PN Pediatric Nephrology	
PCP Cytopathology	MDP Medical Physics	PO Pediatric Ophthalmology	OS Other (i.e., a specialty other than those appearing above)
D Dermatology	ETX Medical Toxicology (Emergency Medicine)	OP Pediatric Orthopedics	US Unspecified
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	RPM 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 (M-Z)  
(For the Period ending June 30, 2019)

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)			
Street Address			Telephone: _____
City	County	State	Zip

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

Business Name			
Street Address			Telephone: _____
City	County	State	Zip

**WORK ADDRESS #2:** \_\_\_\_\_

Business Name			
Street Address			Telephone: _____
City	County	State	Zip

APPLICATION FOR CHANGE OF STATUS OF WEST VIRGINIA MEDICAL LICENSE FROM INACTIVE TO ACTIVE (M-Z)
(For the Period ending June 30, 2019)

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:

- 1. I have a court ordered child support obligation..... YES NO
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..... YES NO
3. I am the subject of a child support related subpoena or warrant..... YES NO

PHYSICIAN'S ORIGINAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATION OF CONTINUING MEDICAL EDUCATION COMPLIANCE

All responses shall be for the period July 1, 2015 to June 30, 2017.

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

YOU MUST SEND CERTIFICATES WITH THIS APPLICATION.

Mandatory drug diversion training and best practices prescribing of controlled substances CME

Please check the box that is applicable to you. You must select one.

[ ] I completed a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances through a course which has been approved by the West Virginia Board of Medicine.

OR

[ ] I attest that during the period of July 1, 2015, to June 30, 2017, I did not prescribe, administer, or dispense any controlled substances whatsoever. I therefore request that the Board waive this CME requirement.

In addition to meeting my mandatory drug diversion training and best practice prescribing of controlled substances CME obligation in the manner indicated above:

Please check the statement that describes how you satisfied your CME obligation for the identified reporting period.

\_\_\_\_\_ I have successfully completed a minimum of fifty (50) hours of continuing medical education satisfactory to the Board, as described in 11 CSR 6 3.1 and 11 CSR 6 3.2, including the three hours of mandatory drug diversion training and best practices prescribing of controlled substances CME unless I have requested a waiver of that requirement hereinabove.

OR

\_\_\_\_\_ I am ABMS board certified and have attached documentation of successful involvement in maintenance of certification from said ABMS member board, as described in 11 CSR 6 3.2.3.

PHYSICIAN'S ORIGINAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

You may be audited! If you have requested a waiver of the 3hour drug diversion training CME, part of your audit 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 (M-Z)
(For the Period ending June 30, 2019)

PROFESSIONAL PRACTICE QUESTIONS

DURING THE PERIOD OF JULY 1, 2015 TO THE PRESENT HAVE YOU, IN ANY JURISDICTION, FOR ANY REASON:

- 1. been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to the practice of medicine, or for unethical conduct?
2. been charged with or convicted of or pled nolo contendere to any felony or misdemeanor?
3. been charged with or convicted of a violation of the Controlled Substance Act or any other federal, state or local law pertaining to the manufacture, distribution, prescribing, or dispensing of controlled substances?
4. had limitations, restrictions or conditions placed upon your license to practice by a medical board, or had your license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation by a medical board, and/or are any disciplinary actions pending against you?
5. voluntarily surrendered (not expired) to a medical board or limited your medical license with a medical board?
6. had any hospital privileges, and/or postgraduate training, limited, restricted, suspended, revoked, or subjected to any kind of disciplinary action, including censure, reprimand or probation?
7. voluntarily resigned from any medical staff or voluntarily limited such staff privileges while under investigation by any health care institution or committee thereof or prior to any final decision by a hospital or health care facility's governing board?
8. been denied the right to take an examination for licensure in any state or been ejected from any medical examination?
9. been denied a license to practice medicine?
10. had your DEA registration restricted or removed?
11. been convicted of Medicare or Medicaid fraud, and/or received any sanctions, including restriction, suspension or removal from practice imposed by an agency of the federal or state government?
12. had any judgments or settlements arising from medical professional liability rendered or made against you, and if so, how many?
13. been addicted to, or received treatment for the use or misuse of, prescription drugs and/or illegal chemical substances, or been dependent upon alcohol or received treatment for alcohol dependency?
14. had any interruption in your practice of medicine which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with standards of conduct for the medical profession?
15. had anything occur which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with the standards of conduct for the medical profession?

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 (M-Z)  
(For the Period ending June 30, 2019)

**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 receipt of a change in my license status from inactive to active.

PHYSICIAN'S

ORIGINAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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 and/or activity since July 1, 2015, 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, 2015 to present unless otherwise specifically stated on the application. If, after I provide my signature upon this application and prior to the Board issuing a change of status of my license, any answer or information provided upon this application 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: \_\_\_\_\_