



*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

## **ATTENTION: PLEASE READ CAREFULLY** **REINSTATEMENT APPLICATION INSTRUCTIONS**

Your license to practice medicine and surgery in the State of West Virginia is in an **EXPIRED** status effective June 30, 2018, at 11:59 p.m. EDST. An expired license is not a valid license. You are eligible to request reinstatement of your expired license until June 30, 2019. After July 1, 2019, to seek relicensure, you must apply for a new license using the Uniform Application.

### **IMPORTANT INFORMATION FOR ALL APPLICANTS**

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

Because an original signature is required, applications are not accepted via facsimile or e-mail.

To **AVOID** delay in licensure reinstatement, or continued **EXPIRATION** of your medical license, answer each question legibly and accurately. Review the entire application to verify that each answer is correct and complete. Illegible or incomplete applications **will be returned**. Applications received without the correct fee **will be returned**. We will be unable to finalize the processing of any application that is not complete.

Please do not delegate completion of the reinstatement application to any other person. Completion of the reinstatement application is the responsibility of the licensee.

### **Instructions for reinstatement applicants seeking an ACTIVE status license:**

1. Reinstatement applicants seeking an ACTIVE status license must pay the Patient Injury Compensation Fund's \$125 assessment fee prior to submitting a Reinstatement application. More information regarding the PICF fee is available on the Board's website. This assessment must be paid online through the PICF fee portal on the Board's website at [www.wvbom.wv.gov/assessment/](http://www.wvbom.wv.gov/assessment/). Because PICF fee assessment payments are deposited directly with BRIM, the Board cannot accept any other form of payment for the assessment. Do not send a check for the PICF fee assessment with your application.
2. Complete the reinstatement application selecting ACTIVE STATUS and return it to this office with the total fee of \$600 (\$400 active renewal fee and \$200 reinstatement fee). Make your check or money order payable to the West Virginia Board of Medicine.

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3. Complete, sign and date the Continuing Medical Education Certification and provide documentation supporting successful completion of the required CME.
4. If you have prescribed or dispensed Schedule II, III or IV controlled substances pursuant to a West Virginia medical license since July 1, 2016, and have been registered with the West Virginia Controlled Substances Monitoring Database, you will be required to submit a copy of your certificate of registration.

### Instructions for reinstatement applicants seeking an INACTIVE status license:

1. INACTIVE STATUS means that you may not practice any type of medicine in West Virginia. Any practice of medicine whatsoever, including the writing of any prescriptions, is ACTIVE PRACTICE. Continuing medical education is required whether your registration is in active or inactive status.
2. Complete the reinstatement application selecting INACTIVE STATUS and return it to this office with the total fee of \$225 (\$150 active renewal fee and \$75 reinstatement fee). Make your check or money order payable to the West Virginia Board of Medicine.
3. Complete, sign and date the Continuing Medical Education Certification and provide documentation supporting successful completion of the required CME.
4. If you have prescribed or dispensed Schedule II, III or IV controlled substances pursuant to a West Virginia medical license since July 1, 2016, and have been registered with the West Virginia Controlled Substances Monitoring Database, you will be required to submit a copy of your certificate of registration.

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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 federal 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, MEMBER or PARTNER If none, check here \_\_\_\_\_

a) \_\_\_\_\_

b) \_\_\_\_\_

Will you be actively practicing medicine in West Virginia? YES \_\_\_\_\_ NO \_\_\_\_\_

**Workforce Planning Data:**

W. Va. Code §30-1-20 (2014) requires the Board of Medicine to collect the following data. 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: \_\_\_\_\_

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

Primary Specialty \_\_\_\_\_ Secondary Specialty \_\_\_\_\_

|  |                |
|--|----------------|
| Indicate desired status for renewing your license (only one) |                |
| ACTIVE LICENSE   | \$600.00 _____ |
| INACTIVE LICENSE*  | \$225.00 _____ |

|                       |
|-----------------------|
| <u>BOARD USE ONLY</u> |
|-----------------------|

\*You may not practice medicine and surgery in the state of West Virginia unless your license status is active.

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

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

REINSTATEMENT APPLICATION FOR LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF WEST VIRGINIA  
(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  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
State Zip Code

**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  
Code

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

\_\_\_\_\_  
Business Name  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City County State Zip Code

**WORK ADDRESS #2:**

\_\_\_\_\_  
Business Name  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City County State Zip Code

REINSTATEMENT APPLICATION FOR LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF WEST VIRGINIA  
(For the Period ending June 30, 2020)

**CERTIFICATION OF CONTINUING MEDICAL EDUCATION COMPLIANCE**

**All responses shall be for the period of July 1, 2016 to present.**

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

**YOU MUST SEND CME 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 today, I have 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 today, 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 today, I have been 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 today, I have 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](https://wvbom.wv.gov/Cont_Med_Education.asp).**

\_\_\_\_\_ Between July 1, 2016 and today, 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 today.

\_\_\_\_\_ I attest that during the period of July 1, 2016 through today, I did not and will not prescribe, administer, or dispense any controlled substance 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!* A sample number of physicians will be audited for the purpose of documenting continuing medical education hours. If audited, you will be required to provide proof by submitting acceptable written confirmation of your completion of required continuing medical education. If you have requested a waiver of the (3) hour 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.

REINSTATEMENT APPLICATION FOR LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF WEST VIRGINIA  
(For the Period ending June 30, 2020)

**PROFESSIONAL PRACTICE, CHARACTER & FITNESS QUESTIONS**  
DURING THE PERIOD OF JULY 1, 2016, TO PRESENT HAVE YOU, IN ANY JURISDICTION, FOR ANY REASON:

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 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? <u>Submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</u> .....  | _____      | _____     |
| 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? <u>Submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</u>   | _____      | _____     |
| 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? <u>If "yes," you must have the facility submit directly to the Board by the renewal deadline all documentation related to your answer.</u> ....   | _____      | _____     |
| 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? <u>For each judgment or settlement, provide the name(s) of the claimant(s), your insurer, whether you are reporting a judgment or a settlement and the amount and date of each judgment or settlement using the form provided.</u> .....   | _____      | _____     |
| 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? (You may answer "no" if you are a participant in a written voluntary agreement with the West Virginia Medical Professionals Health Program, Inc., the West Virginia Board of Medicine designated physician health program.) <u>If you answer yes and have gone through a rehabilitation program during the time frame designated above, you MUST have that program furnish this Board a report of your treatment and progress by the renewal deadline.</u> ..... | _____      | _____     |
| 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.  
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REINSTATEMENT APPLICATION FOR LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF WEST VIRGINIA  
(For the Period ending June 30, 2020)

**PROOF OF CONTROLLED SUBSTANCE MONITORING PROGRAM REGISTRATION**

All physicians who prescribe or dispense any 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:

Since July 1, 2016 I have not prescribed any Schedule II, III and/or IV controlled substances pursuant to my West Virginia medical license, and I am not registered with the CSMP.

I am currently registered with the CSMP. The date of registration as it appears on my CSMP registration is: \_\_\_\_\_  
mm/dd/yyyy

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 any medical license issued pursuant to this application.

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

You may be audited! A sample number of physicians will be audited for the purpose of documenting CSMP registration. If audited, you will be required to show proof by submitting a copy of your CSMP registration certificate.

Please note: Effective July 1, 2016, changes to the law have occurred that established specific penalties for a practitioner's failure to access and utilize the CSMP. Please make sure you are familiar with these obligations.

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: \_\_\_\_\_

If you have answered "yes" to any of the above questions, and if further information is necessary, you will be notified.



REINSTATEMENT APPLICATION FOR LICENSE TO PRACTICE MEDICINE & SURGERY IN THE STATE OF WEST VIRGINIA  
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**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 understand that prior to dispensing or administering any controlled substances including samples in an office-based practice setting, I must be registered with the Board as a controlled substance dispensing practitioner for each of my controlled substance dispensing locations.
- \_\_\_\_\_ I have carefully read and understood all the questions included on each page of this reinstatement 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 reinstatement application is based on the truth of the statements contained herein. Should I furnish false or misleading information in this reinstatement 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 reinstatement application relate to the entire period of July 1, 2016 to present. If, after I provide my signature and prior to reinstatement of my license, any answer should change for any reason, I have a duty to notify the Board and amend my reinstatement application.

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