



State of West Virginia *Board of Medicine*

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2019 REQUEST FOR AUTHORIZATION TO SERVE AS AN UNCOMPENSATED PHYSICIAN ASSISTANT VOLUNTEER FOR A SUMMER CAMP OR PUBLIC OR CHARITABLE FUNCTION – WV Licensee

To request authorization for charitable practice, provide the following information. Please print clearly.

First Name	Middle Name	Last Name	Suffix	Profession	WVBOM License #
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Your Preferred Mailing Address	City	State	Zip Code	County
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Telephone/cell number

E-mail Address

1. In the space provided below, please provide: the name of the event; the sponsoring organization's name, address and contact telephone number; and the nature of the volunteer charitable practice for which you seek authorization (i.e. health fair, etc.):

2. List the specific dates you intend to participate in the charitable practice identified above (your practice may not exceed three weeks): _____

3. Have you been disciplined by any licensing board in any jurisdiction for any reason in last three years? _____

4. Are you the subject of any pending disciplinary actions by any licensing board in any jurisdiction for any reason? _____

By placing my signature hereupon, I attest that the information provided on this Request for Authorization is true and complete. In addition, I attest that A) the organizers of the summer camp or community event have arranged for a collaborating physician to be available as needed; B) my scope of practice shall be limited to the practice of medical acts which are within my education training and experience; and C) I will not prescribe any controlled substances or legend drugs as part of my practice at the above referenced event.

Signature

Date