



State of West Virginia *Board of Medicine*

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2026 REQUEST FOR AUTHORIZATION TO SERVE AS AN UNCOMPENSATED VOLUNTEER FOR A CHARITABLE FUNCTION

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

First Name	Middle Name	Last Name	Suffix	Profession	Social Security No.	
Your Physical Address		City	State	Zip Code	County	Telephone
Your Preferred Mailing Address		City	State	Zip Code	County	Email Address

1. In the space 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.).

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

3. Please list each and every state or jurisdiction where you have held a professional license at any time in the last three years. If you have additional professional licenses, please attach a separate sheet of paper to your application which identifies all additional professional licenses in a list which confirms with the format below:

State or Jurisdiction	License Number	License Status (Active, Probation, etc.)

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

5. 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.

Signature

Date

February 2026