



# State of West Virginia

## *Board of Medicine*

101 Dee Drive, Suite 103  
 Charleston, WV 25311  
 Telephone 304.558.2921  
 Fax 304.558.2084  
 www.wvbom.wv.gov

### **2019 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.

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First Name	Middle Name	Last Name	Suffix	Profession	Social Security No.
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Your Physical Address	City	State	Zip Code	County	Telephone
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Your Preferred Mailing Address	City	State	Zip Code	County	E-mail Address
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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 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. Include your license number and license status in your response. If you need additional room, please attach an additional page to your application with additional information in the same format as 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

January 2019