



## *State of West Virginia*

West Virginia Board of Medicine

101 Dee Drive, Suite 103

Charleston, WV 25311

Telephone 304.558.2921

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### **Medical Corporation Instructions and Application Form to Obtain a Certificate of Authorization for an Out-of-State Medical Corporation in the State of West Virginia**

Applicants seeking a Certificate of Authorization for a Medical Corporation through the Board of Medicine shall provide the following:

1. A completed and signed application form.
2. Fee of \$500.00 – The Board accepts credit cards, business checks, personal checks, money orders, and/or cashier's check payable to West Virginia Board of Medicine (No portion of this fee is refundable);
3. Proof the medical corporation has received a certificate of authorization or similar authorization from the appropriate authorities as a medical corporation or professional corporation in its state of incorporation and is in good standing.
4. Proof of one shareholder who holds an active West Virginia medical license and to be designated as the corporate representative for all communications with the board regarding the designation and continuing authorization of the corporation as a foreign medical corporation.
5. A complete listing of all of the medical corporation's shareholders including their names, state(s) of licensure and license number(s).
6. A copy of proposed Articles of Incorporation to be filed with Secretary of State

- Upon receipt, processing and approval of the required items, the Board will issue a “Letter of Authorization” to the West Virginia Secretary of State. When you receive a copy of this letter, you may proceed with filing your Articles of Incorporation with the Secretary of State.
- A numbered “Certificate of Authorization” will be issued after you submit to the Board a copy of the “Certificate of Incorporation” issued to you by the West Virginia Secretary of State.

A copy of Chapter 30, Article 3, Section 15 of the Code, which governs the formation and approval of a Medical Corporation, is available on our website at [www.wvbom.wv.gov/medpracact.asp](http://www.wvbom.wv.gov/medpracact.asp) .

# West Virginia Board of Medicine

## Application Form to Obtain a Certificate of Authorization for an Out-of-State Medical Corporation to Practice in the State of West Virginia

**Today's Date:** \_\_\_\_\_

**Name of Corporation:**

\_\_\_\_\_

**Address of Record in State of Incorporation:**

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ **Fax Number** (\_\_\_\_) \_\_\_\_\_

**FEIN:** \_\_\_\_\_ **Email:** \_\_\_\_\_ @ \_\_\_\_\_

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**Proposed West Virginia Location:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code) (County)

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ **Fax Number** (\_\_\_\_) \_\_\_\_\_

**Preferred Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

**List West Virginia Designated Corporate Shareholder** (Must be MD, DPM or DO with valid WV license)

Name: \_\_\_\_\_, MD, DPM or DO (circle one)

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

WV License #: \_\_\_\_\_

**List All Other Shareholders** (All must be licensed MDs, DPMs, DOs)

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

State Where Licensed and License #:  
\_\_\_\_\_

State Where Licensed and License #:  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

State Where Licensed and License #:  
\_\_\_\_\_

State Where Licensed and License #:  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

(If needed, additional shareholders may be listed on the reverse of this form)

**CERTIFICATION**

On behalf of the applicant corporation, I hereby certify that:

- (1) the information provided in this application is true and correct;
- (2) each shareholder in the applicant corporation is a licensed physician and the required information regarding each shareholder has been provided with this application; and
- (3) the applicant corporation has received authorization from the appropriate authorities as a medical or podiatry corporation or professional corporation in its state of incorporation and is currently in good standing with that authority.

I further certify that should this application be granted, the applicant corporation understands that the corporate ownership must include a licensed West Virginia physician or podiatrist at all times for the Certificate of Authorization to engage in the practice of medicine, surgery or podiatry to remain valid.

\_\_\_\_\_ Date: \_\_\_\_\_  
President's Signature (must be MD, DPM or DO)

\_\_\_\_\_ Date: \_\_\_\_\_  
West Virginia Designated Corporate Representative  
Signature

_____ BOARD USE ONLY
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