



State of West Virginia *Board of Medicine*

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Charleston, WV 25311
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www.wvbom.wv.gov

Obtaining a Certificate of Authorization for an Expired PLLC

Applicants seeking to obtain a Certificate of Authorization for an expired Professional Limited Liability Company (PLLC) must provide the following:

1. A completed Application to Obtain a Certificate of Authorization for an Expired PLLC (this application must contain original signatures);
2. A copy of the most recent Annual Report that the PLLC filed with the West Virginia Secretary of State;
3. A copy of the PLLC's certificate of professional liability insurance, identifying the PLLC as the insured entity, which demonstrates continued insurance coverage for the PLLC in the amount of \$1,000,000.00; and
4. The application fee of \$100.00 made payable to the West Virginia Board of Medicine.

Accuracy and completeness are important to ensure the efficient processing of the application. **Missing contact information, original signatures, etc. will cause the application to be returned unprocessed.**

West Virginia Board of Medicine
Application to Obtain a Certificate of Authorization for an Expired PLLC

PLLC Name: _____

Previous Registration No.: _____ (This number is located on your West Virginia Board of Medicine PLLC profile.)

Current Main Office Location – This address is displayed on the Board’s website.

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Fax Number (if applicable): _____

Mailing Address – All correspondence from the Board will be sent to this mailing address and/or this email address.

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Fax Number (if applicable): _____

Email Address: _____

Please list all current PLLC members. Each member must be a physician (MD or DO) or a podiatric physician (DPM), depending on the type of PLLC. If there are more than two members, please provide the information for the additional members on a separate sheet of paper using the format below (Name, WV License No. and Signature).

Name: _____ **Name:** _____

WV License No.: _____ **WV License No.:** _____

Signature: _____ **Signature:** _____

By checking the box below, I certify that I have enclosed the following:

- A copy of the Annual Report that the PLLC most recently filed with the Secretary of State.
- Proof of current insurance coverage, identifying the PLLC as the ensured entity, in the amount of \$1,000,000.
- A check or money order in the amount of \$100.00 payable to the West Virginia Board of Medicine.

On behalf of the above named PLLC, I certify that this form is true and complete.

Certifying Member’s Signature: _____