



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

INSTRUCTIONS AND APPLICATION FOR LOW-INCOME INITIAL LICENSING FEE WAIVER APPLICATION

The Board only accepts applications which are complete, legible, contain an original signature, and are accompanied by all required documentation.

- **Applicant Information:** Complete this section in its entirety. The name that you provide on the application must be your legal name and must match the name on all of the required supporting documentation that is submitted. A valid email address is necessary to receive written notification from the Board regarding eligibility and Board communications.
- **Licensure Type:** Select the type of initial license that you will be applying for.
- **Verification of Eligibility:** Select the applicable eligibility category and enclose the required documentation.
 - If you reside in West Virginia or a portion of the county in which you reside is within 50 miles of the border of West Virginia, and your household adjusted gross income is below 130 percent of the federal poverty line as established by the U.S. Department of Health and Human Services, you must submit a copy of your Federal Tax Return for the preceding year. If you are married and filed separate, you will need to submit the Federal Tax Return for both your spouse and yourself.
 - If you are currently enrolled in the Temporary Assistance for Needy Families Program (TANF), Medicaid, the Supplemental Nutritional Assistance Program (SNAP) or other state or federal public assistance program with substantially equivalent low-income eligibility requirements, you must submit a certified letter or other satisfactory proof from your public assistance program which demonstrates your current participation. If you select "Other", please describe the eligibility documentation that is being submitted.
- **Certification:** Review each of the declarations and sign and date the application.

Mail your completed application with all required documentation to:

West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, West Virginia 25311

Once the Initial Licensing Fee Waiver Application with all required documentation has been received, the Board will notify you of your eligibility within 30 days. The 30-day processing period does not commence until all required documentation and information has been received by the Board.



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Low-Income Initial Licensing Fee Waiver Application

APPLICANT INFORMATION

Applicant Name: _____
First Middle Last Suffix

Home Address: _____
(Physical Address – not a PO Box) City State Zip County

Preferred Mailing Address: _____
(If different from home address) City State Zip County

Email Address: _____ **Telephone Number:** _____ **Date of Birth:** _____

LICENSE TYPE – Select the type of license that you will be applying for.

Medical Doctor **Podiatric Physician** **Physician Assistant**

VERIFICATION OF ELIGIBILITY - Select the applicable eligibility category and enclose the required documentation.

- I currently reside in West Virginia or a portion of the county in which I reside is within 50 miles of the border of West Virginia, and my household adjusted gross income is below 130 percent of the federal poverty line as established by the U.S. Department of Health and Human Services. As verification of my annual household adjusted gross income, I have enclosed a copy of the appropriate Federal Tax Return(s) for the preceding year.
- I am currently enrolled in the Temporary Assistance for Needy Families Program (TANF), Medicaid, the Supplemental Nutritional Assistance Program (SNAP) or other state or federal public assistance program with substantially equivalent low-income eligibility requirements. As verification of my participation, I have enclosed:
- i. A certified letter or other satisfactory proof from my public assistance program which demonstrates current participation in a state or federal public assistance program with low-income eligibility requirements; **or**
 - ii. Other (please describe) _____

CERTIFICATION

I hereby certify that:

- The information contained within this application is true and correct;
- I have not previously received an initial licensure fee waiver from the West Virginia Board of Medicine; and
- I have not previously held a license to practice my profession in West Virginia.

Original Signature: _____ **Date:** _____

If additional information is needed, the Board will contact you at the email address provided on this application.