



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 MILITARY FAMILY 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 are a **service member** or an honorably discharged veteran of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101, you must submit a copy of your current Military Orders, NGB-22 Form or DD-214 Form.
 - If you are the **spouse of an active member or an honorably discharged veteran** of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101, you must submit a copy of your spouse's current Military Orders, NGB-22 Form or DD-214 Form. You must also submit a copy of your Certificate of Marriage.
 - If you are the **surviving spouse of a service member and you have not remarried** you must submit a copy of your decedent spouse's DD-1300 Form. In lieu of the DD-1300 Form, the Board will accept a Certified Certificate of Death submitted along with an NGB-22 Form or DD-214 Form. You must also submit a copy of your Certificate of Marriage with the decedent service member and a Notarized Affidavit verifying that you have not remarried.
- **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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Military Family 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 initial 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.

Service Member

I currently serve as an active member, or am an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. As verification of my service, I have enclosed a copy of my current Military Orders, NGB-22 Form or DD-214 Form.

Spouse of a Service Member

I am the spouse of an active member, or an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. As verification of my spouse's service and our marriage, I have enclosed a copy of:

- My spouse's current Military Orders, NGB-22 Form or DD-214 Form; and
- My Certificate of Marriage with the service member.

Surviving Spouse of a Service Member

I am the surviving spouse of a service member and I have not remarried. As verification, I have enclosed a copy of:

- My decedent spouse's DD-1300 Form or a Certified Certificate of Death and an NGB-22 Form or DD-214 Form; and
- My Certificate of Marriage with the decedent service member; and
- A Notarized Affidavit verifying that I have not remarried.

CERTIFICATION

I hereby certify that:

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

Printed Name: _____

Original Signature: _____ **Date:** _____

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