



State of West Virginia *Board of Medicine*

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

ATTENTION: PLEASE READ CAREFULLY **MEDICAL DOCTOR LICENSE CHANGE OF STATUS APPLICATION (M – Z)**

Your license to practice medicine and surgery in the State of West Virginia is an **INACTIVE** status. Licensees who seek to change licensure status from **INACTIVE** to **ACTIVE** status must submit a complete Change of Status Application with all required accompanying documentation and the applicable fee.

IMPORTANT

By law, you **MUST** keep this office apprised of **any and all of your address changes** that occur during your registration period, including updates to your email address.

To **AVOID** delay in licensure activation, answer each question legibly and accurately. Review the entire application to verify that each answer is correct and complete. Applications that are illegible or incomplete, and applications submitted without the correct fee, **will be returned** to the applicant and will not be processed. Applicants are required to personally complete the change of status application. Please do not delegate completion of this application to any other person. Because an original signature is required, applications are not accepted via facsimile or email.

INSTRUCTIONS

1. Change of status applicants who have not paid a \$125 Patient Injury compensation Fund assessment since July 1, 2017, must pay the PICF assessment fee prior to submitting a Change of Status Application. Because PICF payments are deposited directly with the Board of Risk Management (BRIM), the assessment fee must be paid online through the PICF portal on the Board's website at the Board at <https://wvbom.wvgov/assessment/>. The Board cannot accept any other form of payment for the assessment.
2. Complete the change of status application and return it to this office with the change of status fee of \$400. Make your check or money order payable to the West Virginia Board of Medicine.
3. Include a letter accounting your professional activities for your period of inactivity beginning with the date your West Virginia license became inactive. Your explanation of your activities must be satisfactory to the Board.
4. Complete, sign and date the Continuing Medical Education Certification and submit documentation supporting successful completion of the required continuing medical education **during the period of July 1, 2017 through June 30, 2019**.
5. If you are currently registered with the Controlled Substance Monitoring Program you must submit a copy of your certificate of registration with the West Virginia Controlled Substances Monitoring Database.

Mail your completed application and fee to:

WEST VIRGINIA BOARD OF MEDICINE
101 Dee Drive, Suite 103
Charleston, WV 25311

Medical Doctor License Change of Status Application (M – Z)

(For the Period ending June 30, 2021)

Please be advised that your contact information may be subject to release by the Board pursuant to a public records request.

Name: _____
 First Name **Middle Name** **Last Name** **Suffix**

License No.: _____ Date of Birth: _____ Social Security No.: XXX-XX- _____ Sex: _____

Licensure Status – Change from inactive to active:

Active Status (\$400.00 change of status fee)

Preferred Contact Information

 - Preferred contact information is the information that the Board will use to contact you. The Board may seek to contact you at any email address you provide.

Business Name (if applicable): _____

Street Address: _____ Telephone: _____

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

Email Address: _____ Mobile Telephone: _____

Home Address

 - Your home address is your principal place of residence and is a physical address. Please do not use a post office box as your home address.

Street Address: _____ Telephone: _____

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

Primary Work Address

 - Your primary work address is publicly available on the West Virginia Board of Medicine website.

Business Name (if applicable): _____

Street Address: _____ Telephone: _____

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

Secondary Work Address

 (if applicable)

Business Name (if applicable): _____

Street Address: _____ Telephone: _____

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

Medical Doctor License Change of Status Application (M - Z) – Page 2

Name: _____

Practice Information - For the period of July 1, 2017 through present, please list each and every state and/or Canadian Province where you have been licensed, whether such license is currently active or not.

Current Hospital Privileges - Please list all West Virginia hospitals where you currently have admitting privileges.

I do not currently have admitting privileges at any West Virginia hospital.

Medical Corporation or Professional Limited Liability Company - Please list each medical corporation or professional limited liability company for which you are currently a shareholder, owner, member or partner.

I am not a shareholder, owner, member or partner of a medical corporation or a professional limited liability company.

Workforce Planning Data - The Board is required by law to collect this data. If you are unsure of your retirement date, please provide your best estimate. The Board cannot process your application if you do not complete this section.

Will you be actively practicing medicine in West Virginia? Yes No

Anticipated date of retirement (year): _____

Percentage of time in direct services: _____

Percentage of time in administration: _____

Specialty - Enter the code for your specialty. A list of specialty codes is enclosed with this application.

Primary Specialty: _____ **Secondary Specialty (if applicable):** _____

Child Support – The following certification is required by state law, and “making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.” West Virginia Code §48-15-303. If you answer “yes” to any of the below questions, and if further information is needed, you will be notified.

I certify, under penalty of false swearing, that:

	Yes	No
1. I have a court ordered child support obligation.		
2. I have a court ordered child support obligation and any arrearage amount equals or exceeds the amount of child support payable for six months.		
3. I am the subject of a child support related subpoena or warrant.		

Medical Doctor License Change of Status Application (M-Z) – Page 3

Name: _____

Certification of Continuing Medical Education Compliance – Responses shall be for the period July 1, 2017 to June 30, 2019. If you have questions, please contact the Board office at (304) 558-2921.

A. Mandatory Drug Diversion Training and Best Practice Prescribing of Controlled Substances Training
You must select one.

Between July 1, 2017 and June 30, 2019, I completed a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training through a course which has been approved by the West Virginia Board of Medicine. I attest that I have reviewed the list of Board approved courses on the Board's website, and that the course I took is on the list and was completed between July 1, 2017 and June 30, 2019.

OR

I attest that during the period of July 1, 2017 through June 30, 2019, I did not prescribe, administer, or dispense any controlled substance pursuant to a West Virginia license. I therefore request that the Board waive this CME requirement.

B. Other Continuing Medical Education for the Period of July 1, 2017 Through June 30, 2019

You must select one.

I hereby attest that between July 1, 2017 and June 30, 2019, I have successfully completed a minimum of fifty (50) hours of continuing medical education satisfactory to the Board. All courses for which I claim credit have been designated as Category 1 CME by the AMA or the AAFP. Thirty hours of courses for which I claim credit are within my designated area(s) of specialty. I understand that I cannot claim more than 20 hours of medical teaching/preceptorship towards my 50-hour total. I understand that if I am ineligible for a waiver of the mandatory drug diversion training and best practice prescribing of Controlled Substances CME, I can include that course in my 50-hour total.

OR

I hereby attest that in addition to either completing the mandatory drug diversion training and best practice prescribing of controlled substances course or requesting a waiver of that requirement:

- Between July 1, 2017 and June 30, 2019, I sat for and passed a certification or recertification examination of an American Board of Medical Specialties (ABMS) member board and received certification or recertification and I have enclosed written verification; or
- I am American Board of Medical Specialties (ABMS) certified, and between July 1, 2017 and June 30, 2019, I was successfully involved in maintenance of certification (MOC) and I have enclosed written verification of MOC involvement from my ABMS Board; or
- Between July 1, 2017 and June 30, 2019, I successfully completed one full year of ACGME approved post-graduate training, and I have enclosed written verification from my program.

Proof of Controlled Substance Monitoring Program Registration – All physicians who prescribe or dispense Schedule II, III and/or IV controlled substances pursuant to a West Virginia license are required to show proof that they are registered with the West Virginia Controlled Substance Monitoring Program (CSMP). This is not the same as a DEA registration, and is obtained through the West Virginia Board of Pharmacy at <https://www.csappwv.com>.

Please check the box that is applicable to you. You must select one.

I am currently registered with the CSMP, and I have enclosed a copy of my CSMP registration certificate.

I am not currently registered with the CSMP, but I understand that if I intend to prescribe or dispense any Schedule II, III and/or IV controlled substances pursuant to my West Virginia medical license, I must be registered to access the WVCSMP within thirty days of a change in my license status from inactive to active.

CME and CSMP Attestation – I hereby attest that I have provided a true and accurate certification of my continuing education and CSMP registration status. I have enclosed either copies of certificates of CME completion, or other evidence of CME compliance as described in the section selected above, and I have enclosed a copy of my CSMP registration if applicable, with this application.

Original Signature: _____ **Date:** _____

Medical Doctor License Change of Status Application (M – Z) – Page 4

Name: _____

Professional Practice, Character and Fitness Questions – During the period of July 1, 2017 to PRESENT have you, in any jurisdiction, for any reason:

		Yes	No
1	been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to the practice of medicine, or for unethical conduct?		
2	been charged with or convicted of or pled nolo contendere to any felony or misdemeanor? <u>If your answer is yes, submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</u>		
3	been charged with or convicted of a violation of the Controlled Substance Act or any other federal, state or local law pertaining to the manufacture, distribution, prescribing, or dispensing of controlled substances? <u>If your answer is yes, submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</u>		
4	had limitations, restrictions or conditions placed upon your license to practice by a medical board, or had your license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation by a medical board, and/or are any disciplinary actions pending against you?		
5	voluntarily surrendered (not expired) to a medical board or limited your medical license with a medical board?		
6	had any hospital privileges, and/or postgraduate training, limited, restricted, suspended, revoked, or subjected to any kind of disciplinary action, including censure, reprimand or probation? <u>If your answer is yes, you must have the facility submit directly to the Board all documentation related to your answer.</u>		
7	voluntarily resigned from any medical staff or voluntarily limited such staff privileges while under investigation by any health care institution or committee thereof or prior to any final decision by a hospital or health care facility's governing board?		
8	been denied the right to take an examination for licensure in any state or been ejected from any medical examination?		
9	been denied a license to practice medicine?		
10	had your DEA registration restricted or removed?		
11	been convicted of Medicare or Medicaid fraud, and/or received any sanctions, including restriction, suspension or removal from practice imposed by an agency of the federal or state government?		
12	had any judgments or settlements arising from medical professional liability rendered or made against you, and if so, how many? <u>For each judgment or settlement, provide the name(s) of the claimant(s), your insurer, whether you are reporting a judgment or a settlement and the amount and date of each judgment or settlement using the form provided.</u>		
13	been addicted to, or received treatment for the use or misuse of, prescription drugs and/or illegal chemical substances, or been dependent upon alcohol or received treatment for alcohol dependency? (You may answer “no” if you are a participant in a written voluntary agreement with the West Virginia Medical Professionals Health Program, Inc., the West Virginia Board of Medicine designated physician health program.) <u>If you answer yes and have gone through a rehabilitation program during the time frame designated above, you MUST have that program furnish this Board a report of your treatment and progress.</u>		
14	had any interruption in your practice of medicine which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with standards of conduct for the medical profession?		
15	had anything occur which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with the standards of conduct for the medical profession?		

Professional Practice, Character and Fitness Attestation – All of my responses to the questions on this page are truthful and complete. If I have “yes” responses, I have enclosed written explanations, with my original dated signature for each question, and I have enclosed or caused to be submitted all requested supporting documentation.

Original Signature: _____ **Date:** _____

Name: _____

Application Certification

I understand that as a licensee, I am required to personally complete this application, and I am solely responsible for the accuracy and completeness of the information provided, including all information regarding my practice since July 1, 2017 and my certification of successful completion of all required continuing medical education.

I understand that prior to dispensing or administering any controlled substances, including samples, in an office-based setting, I must be registered with the Board as a controlled substance dispensing practitioner for each of my controlled substance dispensing locations.

I have carefully read and understood all the questions included on each page of this change of status application and have answered all the questions completely, without reservations of any kind. I declare that my answers and all statements made by me herein are true and correct.

I understand that any change of status granted pursuant to this application is based on the truth of the statements contained herein. Should I furnish false or misleading information in this application, I hereby agree and understand that any such act shall constitute good cause for disciplinary action and/or the subsequent revocation of my license.

I understand that regardless of the date of my signatures, all statements in this change of status application relate to the entire period of July 1, 2017 to the present, unless otherwise specifically stated on the application. If, after I provide my signature and before the Board converts my license to active status, any answer should change for any reason, I have a duty to notify the Board and amend my application.

Original Signature: _____

Date: _____

WEST VIRGINIA BOARD OF MEDICINE CHANGE OF STATUS APPLICATION

CODES FOR SELF-DESIGNATION OF PRACTICE SPECIALTY/ AREAS OF PRACTICE

AR Abdominal Radiology	ES Endovascular Surgical Neuroradiology (Neurological Surgery)	NPM Neonatal-Perinatal Medicine	PSP Plastic Surgery within the Head & Neck (Plastic Surgery)
AS Abdominal Surgery	ENR Endovascular Surgical Neuroradiology (Neurology)	NEP Nephrology	GPM General Preventive Medicine
ADM Addiction Medicine	EP Epidemiology	NDP Neurodevelopmental Disabilities (Pediatrics)	PRD Procedural Dermatology
ADP Addiction Psychiatry	EPL Epilepsy	NDN Neurodevelopmental Disabilities (Psychiatry & Neurology)	PRO Proctology
AMF Adolescent Medicine (Family Medicine)	FPS Facial Plastic Surgery	N Neurology	P Psychiatry
AMI Adolescent Medicine (Internal Medicine)	FM Family Medicine	NS Neurological Surgery	PYA Psychoanalysis
ADL Adolescent Medicine (Pediatrics)	UPR Female Pelvic Medicine (Urology)	NMN Neuromuscular Medicine (Neurology)	PYM Psychosomatic Medicine
ACA Adult Cardiothoracic Anesthesiology (Anesthesiology)	FPR Female Pelvic Medicine & Reconstructive Surgery (Obstetrics & Gynecology)	NMP Neuromuscular Medicine (Physical Medicine & Rehabilitation)	PHP Public Health and General Preventive Medicine
CHD Adult Congenital Heart Disease	FOP Forensic Pathology	NP Neuropathology	PCC Pulmonary Critical Care Medicine
OAR Adult Reconstructive Orthopedics	PFP Forensic Psychiatry	RNR Neuroradiology	PUD Pulmonary Disease
AHF Advanced Heart Failure & Transplant Cardiology (Internal Medicine)	GE Gastroenterology	NUP Neuropsychiatry	RO Radiation Oncology
AM Aerospace Medicine	GP General Practice	NO Neurotology (Otolaryngology)	RP Radiological Physics
A Allergy	GS General Surgery	NC Nuclear Cardiology	R Radiology
AI Allergy & Immunology	FPG Geriatric Medicine (Family Medicine)	NM Nuclear Medicine	REN Reproductive Endocrinology and Infertility
PTH Anatomic/Clinical Pathology	IMG Geriatric Medicine (Internal Medicine)	NR Nuclear Radiology	RHU Rheumatology
ATP Anatomic Pathology	PYG Geriatric Psychiatry	NTR Nutrition	SP Selective Pathology
AN Anesthesiology	GYN Gynecology	OAN Obstetric Anesthesiology (Anesthesiology)	SME Sleep Medicine
BBK Blood Banking/Transfusion Medicine	GO Gynecological Oncology	OBS Obstetrics	SMA Sleep Medicine (Anesthesiology)
BIN Brain Injury Medicine (Neurology)	HS Hand Surgery	OBG Obstetrics & Gynecology	SMI Sleep Medicine (Internal Medicine)
BIP Brain Injury Medicine (Physical Medicine & Rehabilitation)	HNS Head & Neck Surgery	OM Occupational Medicine	SMO Sleep Medicine (Otolaryngology)
CTR Cardiothoracic Radiology	HEM Hematology (Internal Medicine)	OPR Ophthalmic Plastic and Reconstructive Surgery (Ophthalmology)	SMP Sleep Medicine (Pediatrics)
CD Cardiovascular Disease	HMP Hematology (Pathology)	OPH Ophthalmology	SMN Sleep Medicine (Psychiatry & Neurology)
PCH Chemical Pathology	HO Hematology/Oncology	OMF Oral & Maxillofacial Surgery	SCI Spinal Cord Injury Medicine
CAP Child Abuse Pediatrics	HEP Hepatology	ORS Orthopedic Surgery	ESM Sports Medicine (Emergency Medicine)
CHP Child and Adolescent Psychiatry	HPM Hospice & Palliative Medicine	OSS Orthopedic Surgery of the Spine	FSM Sports Medicine (Family Medicine)
CHN Child Neurology	HPA Hospice & Palliative Medicine (Anesthesiology)	OTR Orthopedic Trauma	ISM Sports Medicine (Internal Medicine)
CBG Clinical Biochemical Genetics	HPE Hospice & Palliative Medicine (Emergency Medicine)	OMM Osteopathic Manipulative Medicine	OSM Sports Medicine (Orthopedic Surgery)
ICE Clinical Cardiac Electrophysiology	HPF Hospice & Palliative Medicine (Family Medicine)	OFA Foot and Ankle, Orthopedics	PSM Sports Medicine (Pediatrics)
CCG Clinical Cytogenetics	HPI Hospice & Palliative Medicine (Internal Medicine)	OTO Otolaryngology	PRS Sports Medicine (Physical Medicine & Rehabilitation)
CG Clinical Genetics	HPO Hospice & Palliative Medicine (Obstetrics & Gynecology)	PME Pain Management	CCS Surgical Critical Care (Surgery)
CIP Clinical Informatics (Pathology)	HPP Hospice & Palliative Medicine (Pediatrics)	PMM Pain Medicine	HSO Surgery of the Hand (Orthopedics)
CIM Clinical Informatics (Preventive Medicine)	HPR Hospice & Palliative Medicine (Physical Medicine & Rehabilitation)	APM Pain Medicine (Anesthesiology)	HSP Surgery of the Hand (Plastic Surgery)
DDL Clinical and Laboratory Dermatological Immunology	HPN Hospice & Palliative Medicine (Psychiatry & Neurology)	PMN Pain Medicine (Neurology)	HSS Surgery of the Hand (Surgery)
ILI Clinical and Laboratory Immunology (Internal Medicine)	HPD Hospice & Palliative Medicine (Radiology)	PMP Pain Medicine (Physical Medicine & Rehabilitation)	SO Surgical Oncology
PLI Clinical and Laboratory Immunology (Pediatrics)	HPS Hospice & Palliative Medicine (Surgery)	PPN Pain Medicine (Psychiatry)	TS Thoracic Surgery
ALI Clinical and Laboratory Immunology (Allergy & Immunology)	HOS Hospitalist	PLM Palliative Medicine	TRS Trauma Surgery
CMG Clinical Molecular Genetics	IG Immunology	PDA Pediatric Allergy	THP Transplant Hepatology (Internal Medicine)
CN Clinical Neurophysiology	PIP Immunopathology	PAN Pediatric Anesthesiology (Anesthesiology)	TTS Transplant Surgery
CLP Clinical Pathology	ID Infectious Disease	PDC Pediatric Cardiology	UME Undersea & Hyperbaric Medicine (Emergency Medicine)
PA Clinical Pharmacology	IM Internal Medicine	PCS Pediatric Cardiothoracic Surgery	UM Undersea & Hyperbaric Medicine (Preventive Medicine)
CRS Colon & Rectal Surgery	MPD Internal Medicine/Pediatrics	CCP Pediatric Critical Care Medicine	UCM Urgent Care Medicine
CHS Congenital Cardiac Surgery (Thoracic Surgery)	IC Interventional Cardiology	PDD Pediatric Dermatology	U Urology
CS Cosmetic Surgery	LM Legal Medicine	PE Pediatric Emergency Medicine (Emergency Medicine)	VIR Vascular and Interventional Radiology
CFS Craniofacial Surgery	MFM Maternal & Fetal Medicine	PDE Pediatric Endocrinology	VM Vascular Medicine
CCA Critical Care Medicine (Anesthesiology)	MBG Medical Biochemical Genetics	PG Pediatric Gastroenterology	VN Vascular Neurology
CCE Critical Care Medicine (Emergency Medicine)	MG Medical Genetics	PHO Pediatric Hematology/Oncology	VS Vascular Surgery
CCM Critical Care Medicine (Internal Medicine)	MDM Medical Management	PDI Pediatric Infectious Disease	
OCC Critical Care Medicine (Obstetrics & Gynecology)	MM Medical Microbiology	PN Pediatric Nephrology	
ASO Complex General Surgical Oncology (Surgery)	ON Medical Oncology	PO Pediatric Ophthalmology	
PCP Cytopathology	MDP Medical Physics	OP Pediatric Orthopedics	
D Dermatology	ETX Medical Toxicology (Emergency Medicine)	PDO Pediatric Otolaryngology	
DMP Dermatopathology	PDT Medical Toxicology (Pediatrics)	PP Pediatric Pathology	
DS Dermatologic Surgery	PTX Medical Toxicology (Preventive Medicine)	PDP Pediatric Pulmonology	
DBP Developmental-Behavioral Pediatrics	MGG Molecular Genetic Pathology (Medical Genetics)	PDR Pediatric Radiology	
DIA Diabetes	MGP Molecular Genetic Pathology (Pathology)	RPM Pediatric Rehabilitation Medicine	
DR Diagnostic Radiology	OMO Musculoskeletal Oncology	PPR Pediatric Rheumatology	
EMS Emergency Medical Services	MSR Musculoskeletal Radiology	NSP Pediatric Surgery (Neurology)	
EM Emergency Medicine		PDS Pediatric Surgery (Surgery)	
END Endocrinology, Diabetes and Metabolism		PTP Pediatric Transplant Hepatology (Pediatrics)	
ESN Endovascular Surgical Neuroradiology (Radiology)		UP Pediatric Urology	
		PD Pediatrics	
		PHM Pharmaceutical Medicine	
		PHL Phlebology	
		PM Physical Medicine & Rehabilitation	
		PS Plastic Surgery	
		PSH Plastic Surgery within the Head & Neck	
		PSO Plastic Surgery within the Head & Neck (Otolaryngology)	

In addition to the above, the following specialty designations are also used:

OS Other (i.e., a specialty other than those appearing above)

US Unspecified