ATTENTION: PLEASE READ CAREFULLY

REINSTATEMENT APPLICATION INSTRUCTIONS

If your West Virginia podiatric license expired on June 30, 2019, you are eligible to apply for reinstatement of licensure until June 30, 2020. Beginning July 1, 2020, you must apply for reactivation of licensure through a different application.

IMPORTANT INFORMATION FOR ALL APPLICANTS

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

Because your original signature is required, applications are not accepted via facsimile or email.

To AVOID delay in licensure reinstatement, or continued EXPIRATION of your podiatric license, answer each question legibly and accurately. Review the entire application to verify that each answer is correct and complete. Illegible or incomplete applications will be returned. Applications received without the correct fee will be returned. We will be unable to finalize the processing of any application that is not complete.

Provide complete information in each of your responses. If you answer “yes” to any of the professional practice, character and fitness questions, you must provide a written explanation for each “yes” response and produce all related documentation. Your application will be considered INCOMPLETE if you do not provide the required explanations and documentation.

Your personal certification of accuracy and your original, dated signature is required in three different places on this application. Please review your responses carefully and make sure that you have signed and dated the form in all of the required locations.

Please do not delegate completion of the reinstatement application to any other person. Completion of the reinstatement application is solely the responsibility of the licensee.

Please keep a copy of your complete application for your records.

Mail your completed application and fee to:

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

Instructions for reinstatement applicants seeking an ACTIVE status license:

1. Complete the reinstatement application, selecting ACTIVE STATUS, and return it to the Board office with the total fee of $600 ($400 active renewal fee and $200 reinstatement fee). Make your check or money order payable to the West Virginia Board of Medicine.

2. Complete, sign and date the Continuing Podiatric Education Certification and provide documentation supporting successful completion of the required CPE.

3. If you have prescribed or dispensed Schedule II, III or IV controlled substances pursuant to a West Virginia podiatric license since July 1, 2017, and have been registered with the West Virginia Controlled Substances Monitoring Database, you must submit a copy of your certificate of registration.

Instructions for reinstatement applicants seeking an INACTIVE status license:

1. INACTIVE STATUS means that you may not practice any type of podiatric medicine in West Virginia. Any practice of podiatric medicine whatsoever, including the writing of prescriptions, is ACTIVE PRACTICE. Continuing podiatric education is required whether your registration is in active or inactive status.

2. Complete the reinstatement application, selecting INACTIVE STATUS, and return it to this office with the total fee of $225 ($150 inactive renewal fee and $75 reinstatement fee). Make your check or money order payable to the West Virginia Board of Medicine.

3. Complete, sign and date the Continuing Podiatric Education Certification and provide documentation supporting successful completion of the required CPE.

4. If you have prescribed or dispensed Schedule II, III or IV controlled substances pursuant to a West Virginia medical license since July 1, 2017, and have been registered with the West Virginia Controlled Substances Monitoring Database, you will be required to submit a copy of your certificate of registration.
Podiatric Physician License Reinstatement Application
(For the license period ending June 30, 2021)

Name:____________________________________________________________

First Name                               Middle Name                               Last Name                               Suffix

License No.: __________________________ Date of Birth: _____________ Last 4 SS #':_________________ Sex:________

Licensure Status - Indicate your desired status for reinstating your license. You may not practice podiatric medicine in West Virginia unless your license status is active.

☐ Active Status ($600.00 fee)  ☐ Inactive Status ($225.00 fee)

Preferred Contact Information - Preferred contact information is the information that the Board will use to contact you. The Board may also 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:____________________
Name: ______________________________

Practice Information - For the period of July 1, 2017 through today, 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(s).

Medical/Podiatric Corporation or Professional Limited Liability Company - Please list each medical/podiatric 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/podiatric 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 podiatric medicine in West Virginia? Yes No

Anticipated date of retirement (year): _____ Percent of time in direct services: _____ Percent of time in administration: _____

Specialty - Enter the code for your specialty.

Codes for self-designation of practice specialty / area of practice:

FOR – Foot Orthopedics or Biomechanics
GP – General Practice
PD – Podiatric Dermatology
PGR – Podogeriatrics
PPD – Podopediatrics
ROE – Roentgenology
S – Surgery
OS – Other Specialty
NS – No Specialty

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.
Name: ____________________________

Certification of Continuing Podiatric Education Compliance - A list of Board approved courses for the mandatory drug diversion training and best practice prescribing of controlled substances training is available at https://wvbm.wv.gov/ContEducationPodPhy.asp. If you cannot certify compliance with CPE requirements, you are not eligible for license reinstatement.

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

   ☐ Between July 1, 2017 and today, 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 today.

   OR

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

B. Other Continuing Podiatric Education for the Period of July 1, 2017 Through the Present
   You must select one.

   ☐ I hereby attest that between July 1, 2017 and today, I have successfully completed a minimum of fifty (50) hours of continuing podiatric education satisfactory to the Board. All courses for which I claim credit have been approved by the APMA or Council on Podiatric Medical Education; were presented or sponsored by any of the podiatry colleges in the United States; are designated as Category I by the AMA or AAFP; or were presented or sponsored by the West Virginia Podiatric Medical Association. 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 podiatric or 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 course, 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 that between July 1, 2017 and today, I have successfully completed one full year of graduate training approved by the Council on Podiatric Medical Education or the Colleges of Podiatric Medicine, and I can provide written verification from my program if requested by the Board.

Proof of Controlled Substance Monitoring Program Registration – All podiatric 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.
   The date of registration as it appears on my CSMP registration certificate is: ____/____/______. (mm/dd/yyyy)

☐ 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 podiatric license, I must be registered to access the WVCSMP within 30 days of receipt of any podiatric license issued pursuant to this application.

CPE and CSMP Attestation – I hereby attest that I have provided a true and accurate certification of my continuing education and my CSMP registration status, and that my CPE attestation is supported by the CPE certificates I have provided with my application.

Original Signature: ____________________________ Date: ____________________________
Name: ______________________________

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

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**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: ___________________________
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, 2107 and my certification of successful completion of all required continuing podiatric 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 reinstatement 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 license issued based upon this reinstatement application is based on the truth of the statements contained herein. Should I furnish false or misleading information in this reinstatement 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 reinstatement application relate to the entire period of July 1, 2017 to present. If, after I provide my signature and prior to reinstatement of my license, any answer should change for any reason, I have a duty to notify the Board and amend my reinstatement application.

Original Signature: __________________________________________ Date:________________________