



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 **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 #'s.: _____ 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 | PGR – Podogeriatrics | S – Surgery |
| GP – General Practice | PPD – Podopediatrics | OS – Other Specialty |
| PD – Podiatric Dermatology | ROE – Roentgenology | 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://wvbom.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: _____

Podiatric Physician License Reinstatement Application – 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 podiatric 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/podiatric 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/podiatric board, and/or are any disciplinary actions pending against you?		
5. voluntarily surrendered (not expired) to a medical/podiatric board or limited your podiatric license with a medical/podiatric 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 prior to reinstatement of your license all documentation related to your answer.</u>		
7. voluntarily resigned from any medical/podiatric 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 podiatric examination?		
9. been denied a license to practice podiatric 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 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 by the renewal deadline.</u>		
14. had any interruption in your practice of podiatric medicine which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the podiatric profession in a manner consistent with standards of conduct for the podiatric 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 podiatric profession in a manner consistent with the standards of conduct for the podiatric 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, 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:** _____