



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

2020 REQUEST FOR AUTHORIZATION TO SERVE AS AN UNCOMPENSATED PHYSICIAN ASSISTANT VOLUNTEER FOR A SUMMER CAMP OR PUBLIC OR CHARITABLE FUNCTION – West Virginia Licensee

To request authorization for charitable practice, provide the following information. Please print clearly.

First Name	Middle Name	Last Name	Suffix	Profession	WVBOM License #
------------	-------------	-----------	--------	------------	-----------------

Your Preferred Mailing Address	City	State	Zip Code	County
--------------------------------	------	-------	----------	--------

Telephone/Cell Number	Email Address
-----------------------	---------------

1. In the space below, please provide: the name of the event; the sponsoring organization's name, address and contact telephone number; and the nature of the volunteer charitable practice for which you seek authorization (i.e. health fair, etc.).

2. List the specific dates you intend to participate in the charitable practice identified above (your practice may not exceed three weeks): _____

3. Have you been disciplined by any licensing board in any jurisdiction for any reason in last three years? _____

4. Are you the subject of any pending disciplinary actions by any licensing board in any jurisdiction for any reason? _____

By placing my signature hereupon, I attest that the information provided on this Request for Authorization is true and complete. In addition, I attest that: A) the organizers of the summer camp or community event have arranged for a collaborating physician to be available as needed; B) my scope of practice shall be limited to the practice of medical acts which are within my education, training and experience; and C) I will not prescribe any controlled substances or prescription drugs as part of my practice at the above referenced event.

Signature

Date