

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

2023 REQUEST FOR AUTHORIZATION TO SERVE AS AN UNCOMPENSATED PHYSICIAN ASSISTANT VOLUNTEER FOR A SUMMER CAMP OR PUBLIC OR CHARITABLE FUNCTION – Out of State Licensee

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

First Name	Middle Name	Last Name	Suffix	Profession	Social Security No.	
Your Physical Address		City	State Zip		Code County	
Your Preferred Mailing Address		City	State	Zip C	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. Please list each and every state or jurisdiction where you currently hold or have held a professional license at any time in the last three years. If you have additional professional licenses, please attach a separate sheet of paper to your application which identifies all additional professional licenses in a list which conforms to the format below:

State or Jurisdiction	License Number	License Status (Active, Probation, etc.)	

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

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

2023 REQUEST FOR AUTHORIZATION TO SERVE AS AN UNCOMPENSATED PHYSICIAN ASSISTANT VOLUNTEER FOR A SUMMER CAMP OR PUBLIC OR CHARITABLE FUNCTION – Out of State Licensee

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