



# State of West Virginia *Board of Medicine*

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[www.wvbom.wv.gov](http://www.wvbom.wv.gov)

## **INSTRUCTIONS FOR REGISTRATION TO PRACTICE IN WEST VIRGINIA DURING COVID-19 STATE OF EMERGENCY FOR OUT OF STATE LICENSED MEDICAL DOCTORS**

**This form is for use by medical doctors who want to register to practice in West Virginia during the COVID-19 State of Emergency, either in person or via telemedicine technologies, and who have never held a West Virginia medical license and hold an unrestricted out of state medical license.**

**Please review the following instructions before completing the registration form:**

- The Board only processes forms which are complete, legible, and are accompanied by a copy of your proof of identity document.
- The name you provide must be your legal name and must match the name on your identification document.
- Provide complete and current contact information. A valid personal address and email are required.
- Provide all requested information concerning your out of state allopathic physician license. Osteopathic physicians please contact the West Virginia Board of Osteopathic Medicine.
- Submit a clear and legible copy of your valid, government-issued identity document bearing your legal name, date of birth and photograph. Accepted documents include:
  - A driver's license or non-driver identification card;
  - A passport or U.S. Global Entry identification card; or
  - A military or national identification card.
- Complete the certification and sign and date the form.
- There is no fee to register to practice in West Virginia during the COVID-19 State of Emergency.

**Please file your registration form via facsimile at (304) 558-2084 or by regular mail. If you are eligible to register, the Board will notify you of your registration number via email at the address you provide on your registration form. A list of authorized registrants will be published on the Board's website with the applicant's name, registration number, date of registration, and out of state licensure information. All registrations terminate when the current state of emergency ends. To practice in West Virginia after that date, please apply for a West Virginia medical license.**

**Registration to Practice in West Virginia  
During COVID-19 State of Emergency**

**OUT OF STATE LICENSED MEDICAL DOCTOR**

Name: \_\_\_\_\_  
First Middle Last Suffix

Date of Birth: \_\_\_\_\_ Last Four Digits of SS#: XX-XXX-\_\_\_\_\_  
MM/DD/YYYY

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Physical address – not a PO Box) City State Zip

Name of Medical School \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Please list your primary medical license. Your identified state of licensure and license number will be published on a list of emergency registrants on the West Virginia Board of Medicine website.

State	License Number	Active License (Y/N)	Expiration Date

Please attach a copy of your government-issued photo ID (driver's license, passport etc.) to this form.

By submitting this registration form, I hereby attest and certify that:

- I have no pending licensure complaints, investigations, Consent Orders, Board Orders or pending disciplinary proceedings in any of the states where I am licensed to practice medicine and surgery and I have never held a West Virginia medical license;
- I meet the qualifications to practice medicine in West Virginia during the declared COVID-19 State of Emergency;
- The information I have provided on this form is complete and accurate;
- I agree to practice in compliance with all applicable federal and state laws, rules and executive orders; and
- I understand that once the COVID-19 State of Emergency is lifted in West Virginia, my emergency practice registration automatically terminates; and
- I understand that emergency practice registration is not the same thing as being granted a West Virginia medical license and if I wish to continue practicing medicine to patients in West Virginia once the current State of Emergency is lifted, I understand that I must apply, meet the eligibility criteria, and be granted a West Virginia medical license.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY THE WEST VIRGINIA BOARD OF MEDICINE

Registration No: \_\_\_\_\_ Date Registration Issued: \_\_\_\_\_