



# State of West Virginia *Board of Medicine*

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## **INSTRUCTIONS FOR REGISTRATION TO PRACTICE IN WEST VIRGINIA DURING COVID-19 STATE OF EMERGENCY FOR INACTIVE OR RETIRED PHYSICIANS**

**This form is for use by eligible retired allopathic physicians who want to register to practice in West Virginia during the COVID-19 State of Emergency, either in person or via telemedicine technologies. Eligibility criteria are set forth in the certification section of the registration form and in 11 CSR 14.**

**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 your inactive status or expired West Virginia Board of Medicine license number. Osteopathic physicians should 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 West Virginia license number and status. All registrations terminate when the current state of emergency ends. To practice in West Virginia after that date, please contact the Board.**

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

**INACTIVE OR RETIRED PHYSICIAN**

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
MM/DD/YYYY

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

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

West Virginia License Number \_\_\_\_\_

License Status (Inactive/Expired) \_\_\_\_\_

**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:

- a. I have not have surrendered a medical license while under investigation or had a license revoked in any jurisdiction, unless the revocation was subsequently withdrawn or overturned;
- b. I have had an active clinical practice within the last 5 years;
- c. I no longer hold an active status medical license in any state;
- d. I was in good standing at the time my West Virginia medical license became inactive or expired;
- e. I meet the qualifications to practice medicine in West Virginia during the declared COVID-19 State of Emergency;
- f. The information I have provided on this form is complete and accurate;
- g. I agree to practice in compliance with all applicable federal and state laws, rules and executive orders; and
- h. I understand that once the COVID-19 State of Emergency is lifted in West Virginia, my emergency practice registration automatically terminates; and
- i. 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 change of licensure status and/or a reactivated West Virginia medical license.

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

**TO BE COMPLETED BY THE WEST VIRGINIA BOARD OF MEDICINE**

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