

State of West Virginia *Board of Medicine*

101 Dee Drive, Suite 103 Charleston, WV 25311 Telephone (304) 558-2921 Facsimile (304) 558-2084 www.wvbom.wv.gov

INSTRUCTIONS FOR REGISTRATION TO PRACTICE IN WEST VIRGINIA DURING COVID-19 STATE OF EMERGENCY FOR RETIRED PHYSICIAN ASSISTANTS

This form is for use by eligible retired West Virginia physician assistants 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 expired status West Virginia Board of Medicine license number.
- 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 your expired West Virginia license number.

Emergency registrations are valid for a period of sixty days or five business days after the declared state of emergency is lifted, whichever is sooner. An emergency registrant who would like to continue to practice medicine and surgery in West Virginia after an emergency registration terminates will need to obtain a profession license from this Board, or in cases where the practice is limited to telemedicine to West Virginia patients from another US state, an interstate telehealth registration.

WEST VIRGINIA BOARD OF MEDICINE 101 DEE DRIVE, SUITE 103, CHARLESTON, WV 25311 (304) 558-2921 wvbom.wv.gov

Registration to Practice in West Virginia

During COVID-19 State of Emergency

RETIRED PHYSICIAN ASSISTANT

Name:						
	First	Middle	Last	Suff	X	
Date of Birth: Phone:						
MM/DD/YYYY						
Email Add	ress:					
Home Add	ress:					
	(Physical address	– not a PO Box)	City	State	Zip	
West Virgi	nia License Number					
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 physician assistant license while under investigation or had a physician assistant						
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 physician assistant license in any state;						
d. I was in good standing at the time my West Virginia physician assistant license became 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						
understand I must practice pursuant to an active Practice Notification; h. I understand that an emergency practice registration is valid for a period of sixty days or five business days after						
the declared State of Emergency is lifted in West Virginia, whichever is sooner; and						
i. I understand that emergency practice registration is not the same thing as being granted a West Virginia						
physician assistant 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 reactivated West Virginia physician assistant license or an interstate telehealth registration.					
a re	eactivated West Virginia pl	hysician assistant license	e or an interstate telehe	alth registration.		
Physician Assistant Signature:Date:						
TO BE COMPLETED BY THE WEST VIRGINIA BOARD OF MEDICINE						
Registration No: Date Registration Issued:						