

West Virginia Board of Medicine
Professional Limited Liability Company Reinstatement Application

The Board does not accept electronically generated or stamped signatures.

COMPANY INFORMATION

Name of the Company: _____

Previous Registration Number: _____ FEIN: _____

CONTACT INFORMATION

Main Office Location – This address is displayed on the Board’s website.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number (if applicable): _____

Preferred Contact Information – All correspondence from the Board will be sent to this address and/or this email address.

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Fax Number (if applicable): _____

Email Address: _____

MEMBERS

Each member must be a West Virginia licensed physician (allopathic, osteopathic or podiatric) depending upon the type of company. If there are more than two members, please provide the information for each additional member on a separate sheet of paper using the format below.

Name: _____ Name: _____

Profession (MD, DPM, DO): _____ Profession (MD, DPM, DO): _____

WV License Number: _____ WV License Number: _____

Signature: _____ Signature: _____

CERTIFICATION

As a member of the above-named company, I certify that this application is true and complete.

Signature: _____ Date: _____

West Virginia Board of Medicine Professional Limited Liability Company Reinstatement Application

Please submit the following documents in association with your reinstatement application:

- A copy of the most recent Annual Report that the company filed with the West Virginia Secretary of State.
- Proof of current professional liability insurance coverage in the amount of one million dollars **in the business name of the PLLC.**

Mail the completed application, with all associated documents to:

West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, West Virginia 25311

Please do not include the \$100 application fee with your application. The West Virginia Board of Medicine accepts online credit card payments for all fees. Upon receipt of your application, the Board will send payment instructions via email to the email address provided on the application.