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

INSTRUCTIONS - PHYSICIAN LICENSURE APPLICATIONS

Thank you for your interest in obtaining a medical license in the State of West Virginia. It is our goal to assist qualified, eligible candidates in obtaining licensure in this state as efficiently and expeditiously as possible. The Board utilizes the Uniform Application and the associated West Virginia Online Addendum as application components for the following license types: [1]

License Application Type	Description	Renewal
Initial Medical Licensure (See Pages 2-6)	Traditional license to practice medicine and surgery in the State of West Virginia.	These license types are valid from issuance until the renewal deadline for the physician's assigned renewal cohort. Cohorts are alphabetical, based upon the physician's last name. Regardless of the date of initial license issuance, A-L physicians renew by June 30th in even years and M-Z physicians renew by June 30th in odd years. Thereafter, all eligible physicians may renew licensure for two-year intervals. Renewal requires the completion of all required Continuing Medical Education. Requirements are available on the WVBOM website.
Reactivation of Medical Licensure (See Pages 2 & 7-8)	A physician who previously held a traditional license to practice medicine and surgery in West Virginia, but has not been licensed in West Virginia for more than one year, may apply for reactivation of licensure utilizing the Uniform Application.	
Administrative License (See Pages 2 & 8)	Administrative licenses are available to physicians who meet the qualifications for initial medical licensure but who intend to limit their practice to administrative medicine and/or who have practiced administrative medicine exclusively for a period of time.	
Restricted License in Extraordinary Circumstances (See Pages 2 & 9)	Physicians who do not otherwise qualify for a traditional license but who have extraordinary credentials and who can fill an established need in West Virginia, as set forth in the West Virginia Medical Practice Act and W. Va. Code § R. 11-2-1 *et seq.*, may apply for consideration of a restricted license in extraordinary circumstances. This license may be limited in scope, location or with other terms and conditions and requires a three quarters majority of the Board to grant. By statute, denial of a restricted license in extraordinary circumstances is not subject to appeal. Please contact the Board for more information on this license type.	
Medical School Faculty License (See Pages 2 & 9)	Medical school faculty licenses are available to eligible applicants who have been appointed to the faculty of a West Virginia medical school. Practice is limited to the medical center of the medical school of appointment. Please contact the Board for more information on this license type.	Medical School Faculty licenses are eligible for renewal annually, on or before the faculty re-appointment date. CME completion is required.

[1] The West Virginia Board of Medicine offers multiple credential types for allopathic physicians, including educational permits, interstate telehealth registrations and a variety of special license and credential types. Please contact the Board or review the Board's website for information on licensure through the Interstate Medical Licensure Compact Commission and for all other credential types.

GENERAL INSTRUCTIONS FOR ALL APPLICANTS

1. Please review these instructions carefully.
2. Prior to submitting your application and nonrefundable fee, confirm your eligibility for the license type you seek.
3. The West Virginia Board of Medicine requires applicants to **personally** complete the Uniform Application, West Virginia Online Addendum and the WVBOM Photo Affidavit and Authorization for Release of Information. Any errors, omissions or misstatements are solely the responsibility of the applicant.
4. Applications are assigned to analysts for initial screening upon:
   - Submission of the Uniform Application (submitted online);
   - Submission of the West Virginia Online Addendum (submitted online);
   - Payment of the license application fee (submitted online); and
   - Receipt of your original WVBOM Photo Affidavit and Authorization for Release of Information (original submitted by mail).
5. The analyst assigned to your application will send you a written status update upon initial screening, and periodically throughout the application process.
6. The West Virginia Board of Medicine thoroughly reviews your education, training, practice history, licensure, and any criminal record or disciplinary history. Any unusual circumstances or discrepancies in your application documents may require supplementation and/or other follow-up, and may increase the application processing time.
7. Effective July 1, 2025, applications which fail to complete within six months expire. Thereafter, a new application, including a new application fee, is required to pursue licensure.
8. Applications are subject to a continuous supplementation obligation. If any information changes during the application process (i.e. after you start the process and before a licensure decision is rendered) you are obligated to update any and all application components affected by the change in information.
9. Complete applications will be presented to the Board for consideration of licensure at a regularly scheduled Board meeting. The Board meets 6 times a year. Regular meetings are posted on the Board's website and occur in January, March, May, July, September, and November. Applications must complete ten days prior to a scheduled meeting to be included on the meeting agenda.
10. Some licensure applicants (including all Medical School Faculty and Restricted License in Extraordinary Circumstances applicants) must meet with the Licensure Committee of the Board in advance of licensure consideration.
11. Some information in your application file is considered public information, including but not limited to your: identity (full name and other names); age (not date of birth); medical specialty; medical school and graduation date; graduate medical education program(s) and completion dates; malpractice history; disciplinary history; city and state of birth and residence; and current work locations.
12. Please do not make legal commitments (such as purchasing a home, entering into lease agreements, or committing to practice start dates) based upon your expectation of licensure. Not all applicants receive a license. License applications are not always complete within the anticipated time frame. Neither applicants nor the Board can control the time frame in which third parties submit required documentation. The Board does not expedite one application in advance of another, nor does it issue a license if an application is incomplete, or if an applicant is ineligible.
13. Pursuant to W. Va. Code §30-1-27, a person shall be granted an occupational or professional license, registration, or certificate if the person has been licensed or certified in another state, the license, registration, or certificate is in the same discipline and at the same practice level as the license, registration, or certificate for which the person is applying in this state and the person meets other conditions prescribed by W. Va. Code §30-1-27. Please see Page 9 for additional information concerning the Universal Professional and Occupational Licensing Act of 2025.

INITIAL MEDICAL LICENSURE

To apply directly with the Board, please review the requirements for licensure eligibility before you start the application process. Application fees are nonrefundable, regardless of eligibility.

West Virginia is a member of the Interstate Medical licensure Compact ("IMLC"). In addition to the traditional licensure pathway, physicians may apply for West Virginia medical licensure through the IMLC at www.imlcc.org.

INITIAL MEDICAL LICENSURE ELIGIBILITY EDUCATION AND TRAINING REQUIRMENTS		
	Graduates of Medical Schools Located in the United States, Canada or Puerto Rico	**Graduates of International Medical Schools**
Education	Applicant must be a graduate of a medical school approved by the Liaison Committee on Medical Education or by the Board with the degree of Doctor of Medicine or its equivalent.	Applicant must be a graduate of an international medical school with the degree of Doctor of Medicine or its equivalent, and must have a valid ECFMG certificate or qualify for an exception.[2]
Graduate Medical Education (Post-Graduate Training)	Applicant must have successfully completed: **Option 1: one year** of **ACGME-approved** graduate clinical training **OR** **Option 2:** A non-U.S. graduate medical education residency program ***and*** at least **one year** of fellowship training in the United States in a clinical field related to the applicant's residency training: 1. At an institution that sponsors or operates a residency program in the same clinical field, or a related clinical field approved by the **ACGME**; or 2. At a time when accreditation was not available for the fellowship's clinical field and the board has determined that the training was similar to accredited training due to objective standards	Applicant must have successfully completed: **Option 1: two years** of **ACGME-approved** graduate clinical training **OR** **Option 2: One year** of **ACGME-approved** graduate clinical training or **one year** of fellowship training as described in **Option 3** ***and*** the applicant holds current certification by an **ABMS** member board **OR** **Option 3:** A non-U.S. graduate medical education residency program and at least **two years** of fellowship training in the United States in a clinical field related to the applicant's residency training: 1. At an institution that sponsors or operates a residency program in the same clinical field, or a related clinical field approved by the **ACGME**; or 2. At a time when accreditation was not available for the fellowship's clinical field and the board has determined that the training was similar to accredited training due to objective standards

[2] A valid ECFMG certificate is not required for physicians who hold full, unrestricted, and unconditional licensure in another state, Puerto Rico, the District of Columbia or Canada and who have been actively practicing medicine on a full-time professional basis within the state or jurisdiction where the applicant is fully licensed for a period of at least five years **if** the physician is not the subject of any pending disciplinary action by a medical licensing board and has not been the subject of professional discipline reportable to the National Practitioner Data Bank by a medical licensing board in any jurisdiction.

INITIAL MEDICAL LICENSURE ELIGIBILITY OTHER REQUIREMENTS	
Examination	Applicants must pass all component parts of the **USMLE** and/or any previously approved predecessor examinations **within 10 consecutive years** (calculated from the applicant's date of passage for the first component part through the date of passage of the last component part), and within the permitted **step attempt limits** set by the USMLE at the time examination occurred. The attempt limit for examinations taken after July 2021 is **four attempts per step**.
Professional Competency, Statutory Requirements and Public Protection	Applicants must demonstrate professional competency and conduct through responses to a series of Professional Practice, Character, and Fitness Questions (part of the West Virginia Online Addendum).
	Applicants are required to request and submit to the Board the results of a fingerprint-based state and national/federal criminal history record check.
	Applicants must be physically and mentally capable of engaging in the practice of medicine or surgery with reasonable skill and safety.
	Applicants with suspended or revoked licenses in other jurisdictions are ineligible for licensure until the suspension/revocation is resolved. The Board may not issue a license to any applicant whose license has been surrendered, or deactivated in another state based upon conduct which is substantially equivalent to an act of unprofessional conduct in this state. Eligibility may be reevaluated once licensure has been restored in the state where licensure action occurred.
	The Board is statutorily obligated to deny an application to any applicant who has been found guilty by any court of competent jurisdiction of any felony involving prescribing, selling, administering, dispensing, mixing, or otherwise preparing any prescription drug, including any controlled substance under state or federal law, for other than generally accepted therapeutic purposes. For more information on this licensure prohibition, please see W. Va. Code § 30-3-14(d).
Fee	Applicants must submit the $400 fee[3] during the online application process, upon completion of the West Virginia Online Addendum. For an additional $100 fee, temporary licensure is available to eligible applicants actively licensed in another US state who are awaiting Board action upon a complete initial license application.

[3] The Board offers Low Income Waivers and Military Family Waiver to eligible initial license applicants. Information regarding fee waivers is available on the Board's website.

INITIAL MEDICAL LICENSURE

To apply for initial medical licensure, please submit all of the following:

INITIAL LICENSE APPLICATION COMPONENTS

1. Fingerprint-Based Criminal History Record Check. Fingerprinting services are provided by IdentoGo for a fee. The 6-digit service code for the West Virginia Board of Medicine is **228Q9Z**. Complete instructions are available at: wvbom.wv.gov/Criminalhistory.asp. The Board is not permitted to utilize background checks performed for other entities. Background checks are valid for one year. The Board encourages you to start the background check process as soon as you submit the Uniform Application.

2. WVBOM Photo Affidavit and Authorization for Release of Information. Complete and submit this original notarized form to the Board. The Board does not accept emailed or faxed copies of this document.

3. Uniform Application. Access the UA at www.fsmb.org. If you have previously submitted a UA, please review your saved core UA content and make any necessary edits or updates before submission.

- Select "Initial Medical License" as the license type.
- Provide your legal name on your application.
- In the Chronology of Activity section, account for all time since you enrolled in medical school. If you have participated in locum tenens work, please list each individual assignment.
- If you have not been engaged in clinical practice in the United States for the past two years, please submit a separate statement explaining your absence from clinical practice in the United States and detailing the activities you have engaged in to maintain your clinical skills **or** a proposed plan of entry or re-entry into clinical practice.
- List all malpractice, pending or resolved, in the malpractice section. Please be prepared to provide supporting documentation for your response.

4. West Virginia Online Addendum. Upon completion of the UA, applicants will receive an email from the Federation of State Medical Boards (FSMB) with a link to the West Virginia-specific online addendum. This application component imports core data from the UA. It also requires the completion of Professional Practice, Character and Fitness Questions. Affirmative responses to any of these questions requires written explanations and/or the submission of additional documentation.

5. Fee payment. Upon completion of the West Virginia Online Addendum, you will be directed to the online payment portal. The initial application fee is $400.

6. National Practitioner Data Bank Self-Query. Generate and submit a certified NPDB self-query. Your certified report must have been generated within thirty days of the date you provide it to the Board. Instructions for Self-Query requests are located at https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp. Forward the certified self-query report to the Licensure Analyst assigned to your application. The Board does not accept paper copies or recports generated by or for another entity or digital copies that are not certified by NPDB.

7. American Medical Association Biographical Profile. All applicants must request that the AMA provide this Board with an AMA Physician Profile Data Report. Request your report online at https://commerce.ama-assn.org/amaprofiles/ or call (800) 665-2882 for assistance.

8. License Verifications. At initial screening, the Board's licensure analysts will verify your licenses in other states through the Physician Data Center. If the Physician Data Center report is inconsistent with the information on your UA or West Virginia Online Addendum, or if you have action against a license in another state, you may be required to obtain primary source verification from certain states.

INITIAL LICENSE APPLICATION COMPONENTS (continued)

9. Identity, Education, Testing and Training Credentials Verification. At the discretion of the applicant, all of the following may be provided either through the Federation Credentials Verification Service (FCVS) or from the source identified hereinbelow. Please note that FCVS does not verify unaccredited training, including international residency programs. If you elect to use FCVS, and the FCVS packet does not supply all of the information necessary to verify your identity, education, testing and/or training, you may be required to provide supplemental documentation, including from a primary source. To access FCVS, please visit https://www.fsmb.org/fcvs/. If you elect not to utilize FCVS, please facilitate the submission of the following documentation:

9.a. Identity	• **Identity document.** Send a copy of your birth certificate, passport, or certificate of naturalization. To protect your personally identifiable information, the Board does not accept identity documents via email. • **Name Change Documentation.** If your current legal name does not match the name on any of your education, testing or training verifications or certificates, you must submit legal documentation supporting your name change. Licenses are issued utilizing current legal names.
9.b. Education	• **Medical Education Verification.** Have your medical school verify your medical education by the Board's Medical Education Verification Form.[4] If you attended more than one medical school, please obtain verifications for each school you attended. • **Medical School Diploma.** Submit a true and complete copy of your medical school diploma, including a certified, official English-language translation if the diploma is issued in another language. • **ECFMG Certificate. (*For graduates of international medical schools only*).** Submit a valid copy of your ECFMG certificate or evidence of a passing score on the exam. If you were not issued a certificate, contact the Board for additional instructions.
9.c. Testing	• **Examination Score Report.** Contact each appropriate exam entity to have a certified transcript of your scores sent directly to the Board. If you have taken any component of the NBME in conjunction with another exam (USMLE/FLEX), request your transcript from the NBME. For contact information, see the UA FAQ at https://www.fsmb.org/uniform-application/ua-faq/.
9.d. Training	• **Graduate Medical Education Verification.** Utilize the BOM's Verification form to facilitate verification of all graduate medical education/training. The Board requires all US training to be verified, regardless of accreditation status. Verification must be provided directly to the Board from the verifying program. Follow all instructions on the form**.** If your eligibility pathway requires verification of international training, you may use the same form. • **Graduate Medical Education Certificates and/or Program Letter of Good Standing.** Submit certificates of completion to establish your successful completion of all required training. If you have not yet received your certificate, proof of completion can be in the form of an official letter (indicating beginning and ending dates of training) from the program director, with the School or Hospital Seal affixed.

[4] At the Board's discretion, for medical schools located in countries experiencing known civil unrest or countries with no diplomatic relations with the United States, the Board may elect to accept **notarized letters from two (2) classmates, officials of the school, professors, etc.,** who are licensed physicians in the United States, who were at the school the same time you were, and who can swear to your graduation. **These letters must give the name of the school, the dates both you and the letter writer started and graduated (month, day, year).** The letters must be received by the West Virginia Board of Medicine directly from the letter writer. Letters are not accepted in lieu of verification merely because verification may take a substantial amount of time.

REACTIVATION OF MEDICAL LICENSURE

With the exception of physicians who obtained medical licensure in West Virginia through the IMLC process,[5] physicians who previously held West Virginia medical licensure, and have not been licensed in West Virginia for more than one year, may be eligible to reactivate licensure. To apply for reactivation of medical licensure, please submit all of the following:

REACTIVATION APPLICATION COMPONENTS

1. Fingerprint-Based Criminal History Record Check. If your West Virginia medical license has been expired for 5 years or more, you must submit a criminal history record check. Fingerprinting services are provided by IdentoGo for a fee. The 6-digit service code for the West Virginia Board of Medicine is **228Q9Z**. Complete instructions are available at: wvbom.wv.gov/Criminalhistory.asp. The Board is not permitted to utilize background checks performed for other entities. Background checks are valid for one year.

2. WVBOM Photo Affidavit and Authorization for Release of Information. Complete and submit this original notarized form to the Board. The Board does not accept emailed or faxed copies of this document.

3. Uniform Application. Access the UA at www.fsmb.org. If you have previously submitted a UA, please review your saved core UA content and make any necessary edits or updates before submission.

- Select "Reactivation of Medical Licensure (expired more than one year)" as the license type.
- Provide your legal name on your application.
- In the Chronology of Activity section, account for all time since you enrolled in medical school. If you have participated in locum tenens work, please list each individual assignment.
- If you have not been engaged in clinical practice in the United States for the past two years, please submit a separate statement explaining your absence from clinical practice in the United States and detailing the activities you have engaged in to maintain your clinical skills **or** a proposed plan of entry or re-entry into clinical practice.
- List all malpractice, pending or resolved, in the malpractice section. Please be prepared to provide supporting documentation for your response.

4. West Virginia Online Addendum. Upon completion of the UA, applicants will receive an email with a link to the West Virginia-specific online addendum. This application component imports core data from the UA. It also requires the completion of Professional Practice, Character and Fitness Questions. Affirmative responses to any of these questions requires written explanations and/or the submission of additional documentation.

5. Fee payment. Upon completion of the West Virginia Online Addendum, you will be directed to the online payment portal. The reactivation application fee is $400.

6. National Practitioner Data Bank Self-Query. Generate and submit an NPDB self-query. Your report must have been generated within thirty days of the date you provide it to the Board. Instructions for Self-Query requests are located at https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp. You may forward a pdf of the self-query report to the Licensure Analyst assigned to your application, or you may provide the original paper copy you receive via US mail.

[5] Physicians who obtained initial licensure in West Virginia through the IMLC process, and who wish to restore licensure directly with this Board may submit an application for an initial medical license. *See* pages 3 through 6 of these instructions for details on how to apply for initial licensure.

REACTIVATION APPLICATION COMPONENTS (continued)

7. American Medical Association Biographical Profile. All applicants must request that the AMA provide this Board with an AMA Physician Profile Data Report. Request your report online at https://commerce.ama-assn.org/amaprofiles/ or call (800) 665-2882 for assistance.

8. License Verifications. At initial screening, the Board's licensure analysts will verify your licenses in other states through the Physician Data Center. If the Physician Data Center report is inconsistent with the information on your UA or West Virginia Online Addendum, or if you have action against a license in another state, the Board may notify you that you are required to obtain primary source verification from certain states.

9. Continuing Medical Education. Reactivation applications require satisfactory evidence of continuing education. Please submit one of the following:

- Documentation of successful completion of CME for your last cycle of licensure with this Board;
- Documentation of successful completion of 50 hours of CME satisfactory to the Board which was completed within the last 2 years; or
- An attestation that you hold an active status license in another US state which requires the periodic completion of a minimum number of continuing education hours as a condition of continued licensure, and that you are currently compliant with all such continuing education requirements. If you elect the attestation pathway, please contact your assigned licensure analyst for a copy of the Board's attestation form.

ADMINISTRATIVE MEDICINE LICENSURE

Administrative licenses are available to physicians who meet the qualifications for initial medical licensure but who intend to limit their practice to administrative medicine and/or who have practiced administrative medicine exclusively for a period of time. Administrative Medicine licensees may not practice clinical medicine.

1. Complete all component parts of an initial medical license application. (See pp. 3-6 of these Instructions)

2. When completing the Uniform Application, select "Administrative Medicine License" as the license type.

3. Complete the WVBOM Declaration of Administrative Practice in the presence of a Notary and return the original to the West Virginia Board of Medicine. (The Board does not accept emailed or faxed copies of this document.)

4. The Fee for an Administrative Medicine License application is $400.

MEDICAL SCHOOL FACULTY LICENSURE

Medical school faculty licenses are available to eligible applicants who have been appointed to the faculty of a West Virginia medical school. Practice is limited to the medical center of the medical school of appointment.

1. Complete all component parts of an initial medical license application. (See pp. 3-6 of these Instructions)

2. When completing the Uniform Application, select "Medical School Faculty License" as the license type.

3. The Dean of the appointing medical school must complete and submit Form MSF-A, Certification of Faculty Appointment.

4. The Fee for a Medical School Faculty License is $200.

Please contact the Board for more information on this license type.

RESTRICTED LICENSURE IN EXTRAORDINARY CIRCUMSTANCES

Physicians who do not otherwise qualify for a traditional license but who have extraordinary credentials and who can fill an established need in West Virginia, as set forth in the West Virginia Medical Practice Act and W. Va. Code R. 11-2-1 *et seq.,* may apply for consideration of a restricted license in extraordinary circumstances. This license may be limited in scope, location or with other terms and conditions and requires a 3/4th majority of the Board to grant. By statute, denial of a restricted license in extraordinary circumstances is not subject to appeal.

Please contact the Board for more information on this license type.

UNIVERSAL PROFESSIONAL AND OCCUPATIONAL LICENSING ACT OF 2025

Pursuant to W. Va. Code §30-1-27, a person shall be granted an occupational or professional license, registration, or certificate if the person has been licensed or certified in another state, the license, registration, or certificate is in the same discipline and at the same practice level as the license, registration, or certificate for which the person is applying in this state and the person meets other conditions prescribed by W. Va. Code §30-1-27. This licensure pathway is available to physicians who:

(1) hold an unrestricted medical licensure in another state that was granted pursuant to a state licensure process (not a compact license) in accord with the state's medical license eligibility requirements and after the physician successfully completed an ACGME accredited graduate medical education program;

(2) have no disqualifying professional discipline or criminal history; and

(3) establish residency in West Virginia OR are the spouse of an active duty member of the US armed forces and are accompanying the spouse to an official permanent change of duty station to a military installation in West Virginia.

If you believe you qualify to apply for licensure pursuant to this pathway, please contact the Board for more information on this license type.

WVBOM Photo Affidavit and Authorization for Release of Information

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

First: **Middle:** **Last:** **Suffix:**

Profession Type: ☐ **MD** ☐ **DPM** ☐ **PA**

Identifying Characteristics

Sex: ☐ **Male** ☐ **Female**

Height (ft.in): _____

Weight (lbs.): _____

Hair Color: _____

Eye Color: _____

Identifying Marks: _____

_____

Date attached photo was taken: _____
(mm/dd/yyyy)

Applicant Photograph

Securely tape or glue a front-view 2" x 2" passport-type color photo of yourself in this square. Photo must be clear, accurately depict the applicant, and have been taken within 12 months of the date the Board receives this form.

PHOTO MUST BE ATTACHED PRIOR TO NOTARIZATION

Authorization for Release of Application Status

The person(s) listed below have my permission to check on the status of my application for a West Virginia license. I understand that I may revoke this authorization, in writing, at any time during the application process. (If you do not want to authorize anyone else to receive status updates, please leave this section blank.)

_____ _____

Type or print name clearly *Type or print name clearly*

Applicant's Signature: _____ **Date:** _____
(mm/dd/yyyy)

Notarized Affidavit and Authorization for Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Licensure Application I submitted to this Board and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

Continued on page 2

Continued from page 1

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.

_____

Applicant's printed legal name

_____

Applicant's signature (must be signed in the presence of a notary)

_____

Date (must be dated in the presence of a notary and correspond to date of notarization)

Notary

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

State of _____ County of _____ The statements

on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20_____.
Day *Month* *Year*

Notary Public Signature: _____ [Notary Seal]

My Notary Commission Expires: _____

Practice Information

Do you have proposed practice plans for West Virginia? YES ☐ NO ☐
If yes, please describe your practice plans and proposed practice location:

Plans: _____ Location _____

Do your practice plans involve practice via telehealth? YES ☐ NO ☐

Are you currently working as a provider? YES ☐ NO ☐
If no, how long have you been absent from clinical practice? _____

FOR MDs AND DPMs ONLY

List your area of practice specialty: _____ Are you board certified? YES ☐ NO ☐

If yes, please list your certifying board: _____

Mail original form to:
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

UA UNIFORM APPLICATION FOR LICENSURE

For State Board Use Only

Medical or Osteopathic School Verification Form (Form #2)

(This is a two-page form)

Applicant: DO NOT COMPLETE THIS FORM IF YOU ARE USING FCVS. FCVS verifies this data for you. If you are not using FCVS, complete Section 1 below. Send this form and a copy of your medical school diploma to the current dean of your medical or osteopathic school. Copy this form for multiple schools.

Dean or Designated Official: Complete Section 2 of this two-page form and certify the enclosed copy of the diploma by placing your school seal on it. Mail the sealed diploma, an official copy of the physician's transcripts, this completed form, and any other documentation needed to the board at the address listed in Section 1. If transcripts are not in English, an original, certified, and official English translation is required.

Section 1: Applicant Information

First name _____ Last name _____ Practitioner Type ☐ MD ☐ DO ☐ ____

Middle name _____ Suffix _____ SSN* _____ Birth date (mm/dd/yyyy) _____

Name if different when diploma awarded: _____

Name of school _____

**The social security number is to be used for purposes of identification only and may not be used or any other reason.*

Waiver for Release of Information: I am applying for a license to practice medicine. I authorize the medical/osteopathic school listed above to provide any and all information pertaining to my medical/osteopathic education at that institution to the board at the address listed below. I request that the dean or a designated official complete Section 2 of this form and seal the copy of my diploma (attached) as described in the instructions above, then mail this completed form, the sealed diploma copy, and a copy of my official transcripts to the board listed below at the given address:

Board name	West Virginia Board of Medicine
Mailing address	101 Dee Dr. Suite 103
City/State/Zip	Charleston, WV 25311

Applicant signature _____ Date _____

Section 2: Medical or Osteopathic School Verification

School name _____

Complete address w/country _____

School name if different when applicant attended _____

Hours of undergraduate education required for admission _____ Total weeks of education applicant attended _____

Attendance (mm/yyyy) from _____ to _____ Graduation date _____ Degree awarded _____

Unusual Circumstances

The following questions apply to unusual circumstances that occurred during any part of the individual's medical or osteopathic education. Check the appropriate responses and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation attached to this form.

1. Do the official records for this individual reflect interruptions or extensions in his/her medical/osteopathic education? **If yes,** indicate the reasons for each interruption or extension, the dates of each interruption or extension, and whether each interruption or extension was approved or unapproved. Yes ☐ No ☐

☐ Personal or family	From _____ to	☐ Approved	☐ Unapproved
☐ Academic remediation	From _____ to	☐ Approved	☐ Unapproved
☐ Health	From _____ to	☐ Approved	☐ Unapproved
☐ Financial	From _____ to	☐ Approved	☐ Unapproved
☐ Participation in a joint degree program	From _____ to	☐ Approved	☐ Unapproved
☐ Participation in a non-research special study (e.g., fellowship, intl. experience)	From _____ to _____	☐ Approved	☐ Unapproved
☐ Other _____	From _____ to _____	☐ Approved	☐ Unapproved

2. Do the official records for this individual reflect that he/she was ever placed on academic or disciplinary probation during his/her medical/osteopathic education? **If yes,** indicate below the reasons for each time of probation and the dates of placement on and removal from probation. Also attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

☐ Academic	From _____ to	☐ Documentation attached
☐ Unprofessional conduct	From _____ to	☐ Documentation attached
☐ Behavioral reasons	From _____ to	☐ Documentation attached
☐ Other _____	From _____ to _____	☐ Documentation attached

3. Do the official records for this individual reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical/osteopathic school or parent university? **If yes,** explain below and/or attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

4. Do the official records for this individual reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical/osteopathic school or parent university? **If yes,** explain below and/or attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

5. Do the official records for this individual reflect that there were ever any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? **If yes,** explain below and/or attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form.

Signature _____

Print name _____

AFFIX INSTITUTIONAL SEAL HERE

(If no seal is available, this form must be notarized.)

Title _____ Date _____

Phone number _____ Fax number _____

Email _____

Please mail this completed form and any other items to the board at the address listed in Section 1. Thank you.

UA UNIFORM APPLICATION FOR LICENSURE

Postgraduate Training Verification Form (Form #3)

Institution Name: ______________________________

Institution Address: ______________________________

____

Affiliated School: ______________________________

Applicant: Do not complete this form for verification of accredited training if you are using FCVS. FCVS does not verify non-accredited training. When using FCVS, use this form only if your licensing board requires verification of non-accredited training.

Program Director or designated Official: Please complete Section 2, and mail this form and any other items to the designated state medical board at the address listed in Section 1. Thank you.

Section 1:
To be completed by the Applicant.

Name: ______________________ **Suffix** _____ **Practitioner type: M.D.** ☐ **D.O.** ☐

Date of birth: ___________ **(mm/dd/yyyy)** **SSN*** ______________________

*The social security number is to be used for purposes of identification only and may not be used for any other reason.

Name if different when diploma awarded: ______________________

Board Information: To be completed by the applicant.

Waiver for Release of Information: I request that the program director or a designated official complete Section 2 of this form as outlined below. I authorize the postgraduate training program listed above to provide any all information pertaining to my training there to the board listed below:

Board Name: West Virginia Board of Medicine
Mailing address: 101 Dee Drive Suite 103 Charleston, WV 25311

Applicant Please Sign Here →

Applicant Signature ______________________ **Date** __________

Section 2 :
Program Participation :

Important:

Report Incomplete Training Levels (years) separate from those that were successfully completed.

If the training level (year) is currently in progress report the expected completion date in the "To" field.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

Report Internships, Residencies and Fellowships separately.

Training Level: _____
(e.g., 1, 2, 3, etc.)
☐Internship
☐Residency
☐Chief Residency
☐Fellowship
☐Research

Specialty/Subspecialty: ______________________
From: __/__/______ **To:** __/__/______
Successfully Completed?: ☐Yes ☐No ☐In Progress
Accredited by: ☐ACGME ☐AOA ☐LCGME ☐RSC ☐CFPC ☐RCPSC ☐APPAP ☐None of these

Training Level: _____
(e.g., 1, 2, 3, etc.)
☐Internship
☐Residency
☐Chief Residency
☐Fellowship
☐Research

Specialty/Subspecialty: ______________________
From: __/__/______ **To:** __/__/______
Successfully Completed?: ☐Yes ☐No ☐In Progress
Accredited by: ☐ACGME ☐AOA ☐LCGME ☐RSC ☐CFPC ☐RCPSC ☐APPAP ☐None of these

Training Level: _____
(e.g., 1, 2, 3, etc.)
☐Internship
☐Residency
☐Chief Residency
☐Fellowship
☐Research

Specialty/Subspecialty: ______________________
From: __/__/______ **To:** __/__/______
Successfully Completed?: ☐Yes ☐No ☐In Progress
Accredited by: ☐ACGME ☐AOA ☐LCGME ☐RSC ☐CFPC ☐RCPSC ☐APPAP ☐None of these

Unusual Circumstances:

Check the appropriate responses and explain any “Yes” or omitted response(s) on a separate sheet of paper.
Attach pages as needed.

1. Did this individual ever take a leave of absence or break from his/her training? ---------------- ☐Yes ☐No
2. Was this individual ever placed on probation? -- ☐Yes ☐No
3. Was this individual ever disciplined or placed under investigation? -------------------------------- ☐Yes ☐No
4. Were any negative reports for behavioral reasons ever filed by instructors? -------------------- ☐Yes ☐No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? ---------------- ☐Yes ☐No

Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized.

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form. This section MUST be signed by the program director (M.D. or D.O. only). **(Signature by personnel other than an M.D. or D.O. must attach an authorization letter. Applicable only for Nevada State Board of Medical Examiners.)**

Signature: ______________________

Print name: ______________________

Title: ______________________

Email address: ______________________

Phone Number: ______________________ **Date:** __________