



State of West Virginia *Board of Medicine*

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

MEDICAL DOCTOR LICENSE CHANGE OF STATUS APPLICATION (M – Z)

Your license to practice medicine and surgery in the State of West Virginia is an **INACTIVE** status. Licensees who seek to change licensure status from INACTIVE to ACTIVE status must submit a complete Change of Status Application with all required accompanying documentation and pay the \$400 application fee.

IMPORTANT

By law, you **MUST** keep this office apprised of **any and all of your address changes** that occur during your registration period, including updates to your email address.

To **AVOID** delay in licensure activation, answer each question legibly and accurately. Review the entire application to verify that each answer is correct and complete. Applications that are illegible or incomplete **will be returned** to the applicant and will not be processed. Applicants are required to personally complete the change of status application. Please do not delegate completion of this application to any other person. Because an original signature is required, applications are not accepted via facsimile or email.

INSTRUCTIONS

1. Complete the Change of Status Application and return it to this office. The change of status application fee is \$400. Please do not include the 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.
2. Include a letter accounting your professional activities for your period of inactivity beginning with the date your West Virginia license became inactive. Your explanation of your activities must be satisfactory to the Board.
3. Complete, sign and date the continuing medical education certification and submit documentation supporting successful completion of the required continuing medical education **during the period of July 1, 2021 through June 30, 2023.**
4. If you are currently registered with the Controlled Substance Monitoring Program, you must submit a copy of your certificate of registration with the West Virginia Controlled Substances Monitoring Database.

Mail your completed application to:

WEST VIRGINIA BOARD OF MEDICINE
101 Dee Drive, Suite 103
Charleston, WV 25311

Medical Doctor License Change of Status Application (M – Z)

(For the Period ending June 30, 2025)

Name: _____
 First Name Middle Name Last Name Suffix

License No.: _____ Date of Birth: _____ Social Security No.: XXX-XX- _____ Sex: _____

Licensure Status – Change from inactive to active:

Active Status (\$400.00 change of status fee)

Preferred Contact Information - Preferred contact information is the information that the Board will use to contact you. The Board may also contact you at any email address you provide. Your preferred contact address is publicly available on the West Virginia Board of Medicine website.

Business Name (if applicable): _____

Street Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____ **Fax:** _____

Email Address: _____ **Mobile Telephone:** _____

Home Address - Your home address is your principal place of residence and is a physical address. Please do not use a post office box as your home address.

Street Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____ **Fax:** _____

Primary Work Address - Your primary work address is publicly available on the West Virginia Board of Medicine website.

Business Name (if applicable): _____

Street Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____ **Fax:** _____

Secondary Work Address (if applicable)

Business Name (if applicable): _____

Street Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____ **Fax:** _____

Medical Doctor License Change of Status Application (M - Z) – Page 2

Name: _____

Practice Information - For the period of July 1, 2023 through present, please list each and every state and/or Canadian Province where you have been licensed, whether such license is currently active or not.

Current Hospital Privileges - Please list all West Virginia hospitals where you currently have admitting privileges.

I do not currently have admitting privileges at any West Virginia hospital(s).

Medical Corporation or Professional Limited Liability Company - Please list each medical corporation or professional limited liability company for which you are currently a shareholder, owner, member or partner.

I am not a shareholder, owner, member or partner of a medical corporation or a professional limited liability company.

Workforce Planning Data - The Board is required by law to collect this data. If you are unsure of your retirement date, please provide your best estimate. The Board cannot process your application if you do not complete this section.

Will you be actively practicing medicine in West Virginia? Yes No

Anticipated date of retirement (year): _____

Percentage of time in direct services: _____

Percentage of time in administration: _____

Specialty - Enter the code for your specialty. A list of specialty codes is enclosed with this application.

Primary Specialty: _____ **Secondary Specialty (if applicable):** _____

Child Support – The following certification is required by state law, and “making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.” West Virginia Code §48-15-303. If you answer “yes” to any of the below questions, and if further information is needed, you will be notified.

I certify, under penalty of false swearing, that:

| | Yes | No |
|---|-----|----|
| 1. I have a court ordered child support obligation. | | |
| 2. I have a court ordered child support obligation and any arrearage amount equals or exceeds the amount of child support payable for six months. | | |
| 3. I am the subject of a child support related subpoena or warrant. | | |

Medical Doctor License Change of Status Application (M - Z) – Page 3

Name: _____

Certification of Continuing Medical Education Compliance – Responses shall be for the period July 1, 2021 to June 30, 2023. Include CME certificates or other evidence of your CME completion with your application. If you have questions, please contact the Board office at (304) 558-2921.

A. Mandatory Drug Diversion Training and Best Practice Prescribing of Controlled Substances Training

You must select one.

Between July 1, 2021 and June 30, 2023, I completed a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training through a course which has been approved by the West Virginia Board of Medicine. I attest that I have reviewed the list of Board approved courses on the Board's website, and that the course I took is on the list and was completed between July 1, 2021 and June 30, 2023.

OR

I attest that during the period of July 1, 2021 through June 30, 2023, I did not prescribe, administer, or dispense any controlled substance pursuant to a West Virginia license. I therefore request that the Board waive this CME requirement.

B. Other Continuing Medical Education for the Period of July 1, 2021 Through June 30, 2023

You must select one.

I hereby attest that between July 1, 2021 and June 30, 2023, I have successfully completed a minimum of fifty (50) hours of continuing medical education satisfactory to the Board. All courses for which I claim credit have been designated as Category 1 CME by the AMA or the AAFP. Thirty hours of courses for which I claim credit are within my designated area(s) of specialty. I understand that I cannot claim more than 20 hours of medical teaching/preceptorship towards my 50-hour total. I understand that if I am ineligible for a waiver of the mandatory drug diversion training and best practice prescribing of Controlled Substances CME, I can include that course in my 50-hour total.

OR

I hereby attest that in addition to either completing the mandatory drug diversion training and best practice prescribing of controlled substances course or requesting a waiver of that requirement:

- a. Between July 1, 2021 and June 30, 2023, I sat for and passed a certification or recertification examination of an American Board of Medical Specialties (ABMS) member board and received certification or recertification and I am enclosing verification thereof; or
- b. I am American Board of Medical Specialties (ABMS) certified, and between July 1, 2021 and June 30, 2023, I was successfully involved in maintenance of certification (MOC) and I am enclosing verification of MOC involvement from my ABMS Board; or
- c. Between July 1, 2021 and June 30, 2023, I successfully completed one full year of ACGME approved post-graduate training, and I am enclosing verification thereof.

Proof of Controlled Substance Monitoring Program Registration – All physicians who prescribe or dispense Schedule II, III, IV and/or V controlled substances pursuant to a West Virginia license are required to show proof that they are registered with the West Virginia Controlled Substance Monitoring Program (CSMP). This is not the same as a DEA registration, and is obtained through the West Virginia Board of Pharmacy at <https://www.csappwv.com>.

Please check the box that is applicable to you. You must select one.

I am currently registered with the CSMP, and I have enclosed a copy of my CSMP registration certificate.

I am not currently registered with the CSMP, but I understand that if I intend to prescribe or dispense any Schedule II, III, IV and/or V controlled substances pursuant to my West Virginia medical license, I must be registered to access the WV CSMP within thirty (30) days of a change in my license status from inactive to active.

CME and CSMP Attestation – I hereby attest that I have provided a true and accurate certification of my continuing education and CSMP registration status. I have enclosed with this application either copies of certificates of CME completion, or other evidence of CME compliance as described in the section selected above, and a copy of my CSMP registration certificate, if applicable.

Original Signature: _____ **Date:** _____

Medical Doctor License Change of Status Application (M – Z) – Page 4

Name: _____

Professional Practice, Character and Fitness Questions – During the period of July 1, 2023 through today, have you, in any jurisdiction, for any reason:

| | | Yes | No |
|----|---|-----|----|
| 1 | been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to the practice of medicine, or for unethical conduct? | | |
| 2 | been charged with or convicted of or pled nolo contendere to any felony or misdemeanor? <u>If your answer is yes, submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</u> | | |
| 3 | been charged with or convicted of a violation of the Controlled Substance Act or any other federal, state or local law pertaining to the manufacture, distribution, prescribing, or dispensing of controlled substances? <u>If your answer is yes, submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</u> | | |
| 4 | had limitations, restrictions or conditions placed upon your license to practice by a medical board, or had your license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation by a medical board, and/or are any disciplinary actions pending against you? | | |
| 5 | voluntarily surrendered (not expired) to a medical board or limited your medical license with a medical board? | | |
| 6 | had any hospital privileges, and/or postgraduate training, limited, restricted, suspended, revoked, or subjected to any kind of disciplinary action, including censure, reprimand or probation? <u>If your answer is yes, you must have the facility submit directly to the Board all documentation related to your answer.</u> | | |
| 7 | voluntarily resigned from any medical staff or voluntarily limited such staff privileges while under investigation by any health care institution or committee thereof or prior to any final decision by a hospital or health care facility's governing board? | | |
| 8 | been denied the right to take an examination for licensure in any state or been ejected from any medical examination? | | |
| 9 | been denied a license to practice medicine? | | |
| 10 | had your DEA registration restricted or removed? | | |
| 11 | been convicted of Medicare or Medicaid fraud, and/or received any sanctions, including restriction, suspension or removal from practice imposed by an agency of the federal or state government? | | |
| 12 | had any judgments or settlements arising from medical professional liability rendered or made against you between July 1, 2021 to present? For each medical professional liability settlement or judgment you report, please provide: (1) the name of the patient(s) alleging medical professional liability; (2) the date of loss; (3) the date of settlement or judgment; (4) the amount of the settlement or judgement against you; (5) the name of the insurance company providing coverage to you with respect to this claim; and (6) a brief description of the allegations and a summary of the care provided. Your application is incomplete until all of the requested information is submitted for each settlement and/or judgment. | | |
| 13 | been addicted to, or received treatment for the use or misuse of, prescription drugs and/or illegal chemical substances, or been dependent upon alcohol or received treatment for alcohol dependency? (You may answer "no" if you are a participant in a written voluntary agreement with the West Virginia Medical Professionals Health Program, Inc., the West Virginia Board of Medicine designated physician health program.) <u>If you answer yes and have gone through a rehabilitation program during the time frame designated above, you MUST have that program furnish this Board a report of your treatment and progress.</u> | | |
| 14 | had any interruption in your practice of medicine which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with standards of conduct for the medical profession? | | |
| 15 | had anything occur which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with the standards of conduct for the medical profession? | | |

Professional Practice, Character and Fitness Attestation – All of my responses to the questions on this page are truthful and complete. If I have "yes" responses, I have enclosed written explanations, with my original dated signature for each question, and I have enclosed or caused to be submitted all requested supporting documentation.

Original Signature: _____ **Date:** _____

Name: _____

Application Certification

I understand that as a licensee, I am required to personally complete this application, and I am solely responsible for the accuracy and completeness of the information provided, including all information regarding my practice since July 1, 2023 and my certification of successful completion of all required continuing medical education.

I understand that prior to dispensing or administering any controlled substances, including samples, in an office-based setting, I must be registered with the Board as a controlled substance dispensing practitioner for each of my controlled substance dispensing locations.

I have carefully read and understood all the questions included on each page of this change of status application and have answered all the questions completely, without reservations of any kind. I declare that my answers and all statements made by me herein are true and correct.

I understand that any change of status granted pursuant to this application is based on the truth of the statements contained herein. Should I furnish false or misleading information in this application, I hereby agree and understand that any such act shall constitute good cause for disciplinary action and/or the subsequent revocation of my license.

I understand that regardless of the date of my signatures, all statements in this change of status application relate to the entire period of July 1, 2023 to the present, unless otherwise specifically stated on the application. If, after I provide my signature and before the Board converts my license to active status, any answer should change for any reason, I have a duty to notify the Board and amend my application.

Original Signature: _____

Date: _____

WEST VIRGINIA BOARD OF MEDICINE 2023 CHANGE OF STATUS APPLICATION

CODES FOR SELF-DESIGNATION OF PRACTICE SPECIALTY/ AREAS OF PRACTICE

| | | | |
|---|---|--|--|
| AR Abdominal Radiology | ES Endovascular Surgical Neuroradiology (Neurological Surgery) | NPM Neonatal-Perinatal Medicine | PSP Plastic Surgery within the Head & Neck (Plastic Surgery) |
| AS Abdominal Surgery | ENR Endovascular Surgical Neuroradiology (Neurology) | NEP Nephrology | GPM General Preventive Medicine |
| ADM Addiction Medicine | EP Epidemiology | NDP Neurodevelopmental Disabilities (Pediatrics) | PRD Procedural Dermatology |
| ADP Addiction Psychiatry | EPL Epilepsy | NDN Neurodevelopmental Disabilities (Psychiatry & Neurology) | PRO Proctology |
| AMF Adolescent Medicine (Family Medicine) | FPS Facial Plastic Surgery | N Neurology | P Psychiatry |
| AMI Adolescent Medicine (Internal Medicine) | FM Family Medicine | NS Neurological Surgery | PYA Psychoanalysis |
| ADL Adolescent Medicine (Pediatrics) | UPR Female Pelvic Medicine (Urology) | NMN Neuromuscular Medicine (Neurology) | PYM Psychosomatic Medicine |
| ACA Adult Cardiothoracic Anesthesiology (Anesthesiology) | FPR Female Pelvic Medicine & Reconstructive Surgery (Obstetrics & Gynecology) | NMP Neuromuscular Medicine (Physical Medicine & Rehabilitation) | PHP Public Health and General Preventive Medicine |
| CHD Adult Congenital Heart Disease | FOP Forensic Pathology | NP Neuropathology | PCC Pulmonary Critical Care Medicine |
| OAR Adult Reconstructive Orthopedics | PFP Forensic Psychiatry | RNR Neuroradiology | PUD Pulmonary Disease |
| AHF Advanced Heart Failure & Transplant Cardiology (Internal Medicine) | GE Gastroenterology | NUP Neuropsychiatry | RO Radiation Oncology |
| AM Aerospace Medicine | GP General Practice | NO Neurotology (Otolaryngology) | RP Radiological Physics |
| A Allergy | GS General Surgery | NC Nuclear Cardiology | R Radiology |
| AI Allergy & Immunology | FPG Geriatric Medicine (Family Medicine) | NM Nuclear Medicine | REN Reproductive Endocrinology and Infertility |
| PTH Anatomic/Clinical Pathology | IMG Geriatric Medicine (Internal Medicine) | NR Nuclear Radiology | RHU Rheumatology |
| ATP Anatomic Pathology | PYG Geriatric Psychiatry | NTR Nutrition | SP Selective Pathology |
| AN Anesthesiology | GYN Gynecology | OAN Obstetric Anesthesiology (Anesthesiology) | SME Sleep Medicine |
| BBK Blood Banking/Transfusion Medicine | GO Gynecological Oncology | OBS Obstetrics | SMA Sleep Medicine (Anesthesiology) |
| BIN Brain Injury Medicine (Neurology) | HS Hand Surgery | OBG Obstetrics & Gynecology | SMI Sleep Medicine (Internal Medicine) |
| BIP Brain Injury Medicine (Physical Medicine & Rehabilitation) | HNS Head & Neck Surgery | OM Occupational Medicine | SMO Sleep Medicine (Otolaryngology) |
| CTR Cardiothoracic Radiology | HEM Hematology (Internal Medicine) | OPR Ophthalmic Plastic and Reconstructive Surgery | SMP Sleep Medicine (Pediatrics) |
| CD Cardiovascular Disease | HMP Hematology (Pathology) | (Ophthalmology) | SMN Sleep Medicine (Psychiatry & Neurology) |
| PCH Chemical Pathology | HO Hematology/Oncology | OPH Ophthalmology | SCI Spinal Cord Injury Medicine |
| CAP Child Abuse Pediatrics | HEP Hepatology | OMF Oral & Maxillofacial Surgery | ESM Sports Medicine (Emergency Medicine) |
| CHP Child and Adolescent Psychiatry | HPM Hospice & Palliative Medicine | ORS Orthopedic Surgery | FSM Sports Medicine (Family Medicine) |
| CHN Child Neurology | HPA Hospice & Palliative Medicine (Anesthesiology) | OSS Orthopedic Surgery of the Spine | ISM Sports Medicine (Internal Medicine) |
| CBG Clinical Biochemical Genetics | HPE Hospice & Palliative Medicine (Emergency Medicine) | OTR Orthopedic Trauma | OSM Sports Medicine (Orthopedic Surgery) |
| ICE Clinical Cardiac Electrophysiology | HPF Hospice & Palliative Medicine (Family Medicine) | OMM Osteopathic Manipulative Medicine | PSM Sports Medicine (Pediatrics) |
| CCG Clinical Cytogenetics | HPI Hospice & Palliative Medicine (Internal Medicine) | OFA Foot and Ankle, Orthopedics | PRS Sports Medicine (Physical Medicine & Rehabilitation) |
| CG Clinical Genetics | HPO Hospice & Palliative Medicine (Obstetrics & Gynecology) | OTO Otolaryngology | CCS Surgical Critical Care (Surgery) |
| CIP Clinical Informatics (Pathology) | HPP Hospice & Palliative Medicine (Pediatrics) | PME Pain Management | HSO Surgery of the Hand (Orthopedics) |
| CIM Clinical Informatics (Preventive Medicine) | HPR Hospice & Palliative Medicine (Physical Medicine & Rehabilitation) | PMM Pain Medicine | HSP Surgery of the Hand (Plastic Surgery) |
| DDL Clinical and Laboratory Dermatological Immunology | HPN Hospice & Palliative Medicine (Psychiatry & Neurology) | APM Pain Medicine (Anesthesiology) | HSS Surgery of the Hand (Surgery) |
| ILI Clinical and Laboratory Immunology (Internal Medicine) | HPD Hospice & Palliative Medicine (Radiology) | PMN Pain Medicine (Neurology) | SO Surgical Oncology |
| PLI Clinical and Laboratory Immunology (Pediatrics) | HPS Hospice & Palliative Medicine (Surgery) | PMP Pain Medicine (Physical Medicine & Rehabilitation) | TS Thoracic Surgery |
| ALI Clinical and Laboratory Immunology (Allergy & Immunology) | HOS Hospitalist | PPN Pain Medicine (Psychiatry) | TRS Trauma Surgery |
| CMG Clinical Molecular Genetics | IG Immunology | PLM Palliative Medicine | THP Transplant Hepatology (Internal Medicine) |
| CN Clinical Neurophysiology | PIP Immunopathology | PDA Pediatric Allergy | TTS Transplant Surgery |
| CLP Clinical Pathology | ID Infectious Disease | PAN Pediatric Anesthesiology (Anesthesiology) | UME Undersea & Hyperbaric Medicine (Emergency Medicine) |
| PA Clinical Pharmacology | IM Internal Medicine | PDC Pediatric Cardiology | UM Undersea & Hyperbaric Medicine (Preventive Medicine) |
| CRS Colon & Rectal Surgery | MPD Internal Medicine/Pediatrics | PCS Pediatric Cardiothoracic Surgery | UCM Urgent Care Medicine |
| CHS Congenital Cardiac Surgery (Thoracic Surgery) | IC Interventional Cardiology | CCP Pediatric Critical Care Medicine | U Urology |
| CS Cosmetic Surgery | LM Legal Medicine | PDD Pediatric Dermatology | VIR Vascular and Interventional Radiology |
| CFS Craniofacial Surgery | MFM Maternal & Fetal Medicine | PE Pediatric Emergency Medicine (Emergency Medicine) | VM Vascular Medicine |
| CCA Critical Care Medicine (Anesthesiology) | MBG Medical Biochemical Genetics | PDE Pediatric Endocrinology | VN Vascular Neurology |
| CCE Critical Care Medicine (Emergency Medicine) | MG Medical Genetics | PG Pediatric Gastroenterology | VS Vascular Surgery |
| CCM Critical Care Medicine (Internal Medicine) | MDM Medical Management | PHO Pediatric Hematology/Oncology | In addition to the above, the following specialty designations are also used: |
| OCC Critical Care Medicine (Obstetrics & Gynecology) | MM Medical Microbiology | PDI Pediatric Infectious Disease | OS Other (i.e., a specialty other than those appearing above) |
| ASO Complex General Surgical Oncology (Surgery) | ON Medical Oncology | PN Pediatric Nephrology | US Unspecified |
| PCP Cytopathology | MDP Medical Physics | PO Pediatric Ophthalmology | |
| D Dermatology | ETX Medical Toxicology (Emergency Medicine) | OP Pediatric Orthopedics | |
| DMP Dermatopathology | PDT Medical Toxicology (Pediatrics) | PDO Pediatric Otolaryngology | |
| DS Dermatologic Surgery | PTX Medical Toxicology (Preventive Medicine) | PP Pediatric Pathology | |
| DBP Developmental-Behavioral Pediatrics | MGG Molecular Genetic Pathology (Medical Genetics) | PDP Pediatric Pulmonology | |
| DIA Diabetes | MGP Molecular Genetic Pathology (Pathology) | PDR Pediatric Radiology | |
| DR Diagnostic Radiology | OMO Musculoskeletal Oncology | PDM Pediatric Rehabilitation Medicine | |
| EMS Emergency Medical Services | MSR Musculoskeletal Radiology | PPR Pediatric Rheumatology | |
| EM Emergency Medicine | | NSP Pediatric Surgery (Neurology) | |
| END Endocrinology, Diabetes and Metabolism | | PDS Pediatric Surgery (Surgery) | |
| ESN Endovascular Surgical Neuroradiology (Radiology) | | PTP Pediatric Transplant Hepatology (Pediatrics) | |
| | | UP Pediatric Urology | |
| | | PD Pediatrics | |
| | | PHM Pharmaceutical Medicine | |
| | | PHL Phlebology | |
| | | PM Physical Medicine & Rehabilitation | |
| | | PS Plastic Surgery | |
| | | PSH Plastic Surgery within the Head & Neck | |
| | | PSO Plastic Surgery within the Head & Neck (Otolaryngology) | |