



State of West Virginia *Board of Medicine*

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

Controlled Substance Dispensing Practitioner Registration Application for Physicians, Podiatric Physicians and Physician Assistants

To dispense or administer a controlled substance in an office-based setting, licensees of the Board must be registered as a controlled substance dispensing practitioner at each office location where the practitioner dispenses or administers controlled substances. Please note that this credential is only required if you administer and/or dispense controlled substances in an office-based practice. It is not required for: (1) inpatient hospital practice; or (2) to write prescriptions which are to be dispensed by a pharmacy. To register, please provide the following information **and mail the completed form to the Board office.**

1. Practitioner Information.

First Name	Middle Name	Last Name	Suffix	Profession(MD/DPM/PA)
------------	-------------	-----------	--------	-----------------------

WVBOM License Number	DEA Controlled Substance Registration Number
----------------------	--

- 2. Controlled Substance Dispensing Locations.** Please list each and every location for which you seek registration for the office-based dispensing of controlled substance medication. If you have additional locations, please attach a separate sheet of paper to your application which identifies all additional locations in a numbered list which conforms with the format below:

Dispensing Location No. 1

Physical Address	City	State	Zip Code	County	Telephone
------------------	------	-------	----------	--------	-----------

Dispensing Location No. 2

Physical Address	City	State	Zip Code	County	Telephone
------------------	------	-------	----------	--------	-----------

Dispensing Location No. 3

Physical Address	City	State	Zip Code	County	Telephone
------------------	------	-------	----------	--------	-----------

Dispensing Location No. 4

Physical Address	City	State	Zip Code	County	Telephone
------------------	------	-------	----------	--------	-----------

3. Eligibility to Register as a Controlled Substance Dispensing Practitioner. Please verify that each of the following statements are true and correct by **initialing** the line in front of each statement. If you are unable to verify any of the statements below, you are ineligible to register.

_____ My DEA controlled substance registration number, which I have provided, is valid, unexpired and is not subject to any restrictions or limitations.

_____ I have never pled guilty (or no contest) to, and have never been adjudged guilty of, a felony relating to controlled substances in any jurisdiction.

_____ I am not subject to any administrative or court order in any jurisdiction which places restrictions or limitations of any kind upon my prescriptive authority and/or ability to prescribe.

_____ I understand and agree to comply with my obligation to report the dispensing of controlled substances to the West Virginia Controlled Substance Monitoring Program.

_____ I am currently registered to access the West Virginia Controlled Substance Monitoring Program Database, and **I have enclosed a copy of my certificate of registration.**

4. Registration Fee. Because controlled substance dispensing practitioner registrations renew at the same time as your license, the registration fee is based upon your renewal year. For applications received and processed prior to July 1, 2025, the registration fee is \$15 per dispensing location for providers renewing in 2025 (medical doctors whose last names begin with the letters M through Z, all podiatric physicians and physician assistants). The registration fee for providers registering prior to July 1, 2025 and who will renew in 2026 (medical doctors whose last names begin with the letters A through L) is \$30 per dispensing location.

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. Your application is incomplete until payment of the registration fee is received.

5. Attestation. By Placing my original, dated signature upon this application, I attest that the information I have provided is truthful, accurate and complete.

Practitioner’s Signature

Date