



# 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, 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.

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.

In association with the application, you must submit:

1. 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.
2. Documentation supporting successful completion of the required continuing medical education **during the period of July 1, 2021 through June 30, 2023.**
3. A copy of your West Virginia Board of Pharmacy Controlled Substances Monitoring Program Database Certificate of Registration (if applicable).

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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: \_\_\_\_\_

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**Licensure Status** - Change from inactive to active:

**Active Status** (\$400.00 change of status fee)

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**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.

Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**Secondary Work Address** (if applicable)

Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Fax: \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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 2024 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 Neurology (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 (Ophthalmology)	SMP Sleep Medicine (Pediatrics)
CD Cardiovascular Disease	HMP Hematology (Pathology)	OPH Ophthalmology	SMN Sleep Medicine (Psychiatry & Neurology)
PCH Chemical Pathology	HO Hematology/Oncology	OMF Oral & Maxillofacial Surgery	SCI Spinal Cord Injury Medicine
CAP Child Abuse Pediatrics	HEP Hepatology	ORS Orthopedic Surgery	ESM Sports Medicine (Emergency Medicine)
CHP Child and Adolescent Psychiatry	HPM Hospice & Palliative Medicine	OSS Orthopedic Surgery of the Spine	FSM Sports Medicine (Family Medicine)
CHN Child Neurology	HPA Hospice & Palliative Medicine (Anesthesiology)	OTR Orthopedic Trauma	ISM Sports Medicine (Internal Medicine)
CBG Clinical Biochemical Genetics	HPE Hospice & Palliative Medicine (Emergency Medicine)	OMM Osteopathic Manipulative Medicine	OSM Sports Medicine (Orthopedic Surgery)
ICE Clinical Cardiac Electrophysiology	HPF Hospice & Palliative Medicine (Family Medicine)	OFA Foot and Ankle, Orthopedics	PSM Sports Medicine (Pediatrics)
CCG Clinical Cytogenetics	HPI Hospice & Palliative Medicine (Internal Medicine)	OTO Otolaryngology	PRS Sports Medicine (Physical Medicine & Rehabilitation)
CG Clinical Genetics	HPO Hospice & Palliative Medicine (Obstetrics & Gynecology)	PME Pain Management	CCS Surgical Critical Care (Surgery)
CIP Clinical Informatics (Pathology)	HPP Hospice & Palliative Medicine (Pediatrics)	PMM Pain Medicine	HSO Surgery of the Hand (Orthopedics)
CIM Clinical Informatics (Preventive Medicine)	HPR Hospice & Palliative Medicine (Physical Medicine & Rehabilitation)	APM Pain Medicine (Anesthesiology)	HSP Surgery of the Hand (Plastic Surgery)
DDL Clinical and Laboratory Dermatological Immunology	HPN Hospice & Palliative Medicine (Psychiatry & Neurology)	PMN Pain Medicine (Neurology)	HSS Surgery of the Hand (Surgery)
ILI Clinical and Laboratory Immunology (Internal Medicine)	HPD Hospice & Palliative Medicine (Radiology)	PMP Pain Medicine (Physical Medicine & Rehabilitation)	SO Surgical Oncology
PLI Clinical and Laboratory Immunology (Pediatrics)	HPS Hospice & Palliative Medicine (Surgery)	PPN Pain Medicine (Psychiatry)	TS Thoracic Surgery
ALI Clinical and Laboratory Immunology (Allergy & Immunology)	HOS Hospitalist	PDA Pediatric Allergy	TRS Trauma Surgery
CMG Clinical Molecular Genetics	IG Immunology	PAN Pediatric Anesthesiology (Anesthesiology)	THP Transplant Hepatology (Internal Medicine)
CN Clinical Neurophysiology	PIP Immunopathology	PDC Pediatric Cardiology	TTS Transplant Surgery
CLP Clinical Pathology	ID Infectious Disease	PCS Pediatric Cardiothoracic Surgery	UME Undersea & Hyperbaric Medicine (Emergency Medicine)
PA Clinical Pharmacology	IM Internal Medicine	CCP Pediatric Critical Care Medicine	UM Undersea & Hyperbaric Medicine (Preventive Medicine)
CRS Colon & Rectal Surgery	MPD Internal Medicine/Pediatrics	PDD Pediatric Dermatology	UCM Urgent Care Medicine
CHS Congenital Cardiac Surgery (Thoracic Surgery)	IC Interventional Cardiology	PE Pediatric Emergency Medicine (Emergency Medicine)	U Urology
CS Cosmetic Surgery	LM Legal Medicine	PDE Pediatric Endocrinology	VIR Vascular and Interventional Radiology
CFS Craniofacial Surgery	MFM Maternal & Fetal Medicine	PG Pediatric Gastroenterology	VM Vascular Medicine
CCA Critical Care Medicine (Anesthesiology)	MBG Medical Biochemical Genetics	PHO Pediatric Hematology/Oncology	VN Vascular Neurology
CCE Critical Care Medicine (Emergency Medicine)	MG Medical Genetics	PDI Pediatric Infectious Disease	VS Vascular Surgery
CCM Critical Care Medicine (Internal Medicine)	MDM Medical Management	PN Pediatric Nephrology	
OCC Critical Care Medicine (Obstetrics & Gynecology)	MM Medical Microbiology	PO Pediatric Ophthalmology	In addition to the above, the following specialty designations are also used:
ASO Complex General Surgical Oncology (Surgery)	ON Medical Oncology	OP Pediatric Orthopedics	OS Other (i.e., a specialty other than those appearing above)
PCP Cytopathology	MDP Medical Physics	PDO Pediatric Otolaryngology	US Unspecified
D Dermatology	ETX Medical Toxicology (Emergency Medicine)	PP Pediatric Pathology	
DMP Dermatopathology	PDT Medical Toxicology (Pediatrics)	PDP Pediatric Pulmonology	
DS Dermatologic Surgery	PTX Medical Toxicology (Preventive Medicine)	PDR Pediatric Radiology	
DBP Developmental-Behavioral Pediatrics	MGG Molecular Genetic Pathology (Medical Genetics)	PDM Pediatric Rehabilitation Medicine	
DIA Diabetes	MGP Molecular Genetic Pathology (Pathology)	PPR Pediatric Rheumatology	
DR Diagnostic Radiology	OMO Musculoskeletal Oncology	NSP Pediatric Surgery (Neurology)	
EMS Emergency Medical Services	MSR Musculoskeletal Radiology	PDS Pediatric Surgery (Surgery)	
EM Emergency Medicine		PTP Pediatric Transplant Hepatology (Pediatrics)	
END Endocrinology, Diabetes and Metabolism		UP Pediatric Urology	
ESN Endovascular Surgical Neuroradiology (Radiology)		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)	