



State of West Virginia *Board of Medicine*

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

2025 Podiatric Physician License Renewal

Please find enclosed a 2025 Podiatric Physician License Renewal Application. To avoid expiration of your podiatric medical license on June 30, 2025, the Board must receive your completed renewal application and payment of the renewal application fee **prior to 4:30 pm Eastern Daylight Time (EDT) on June 30, 2025.**

The West Virginia Board of Medicine requires renewal applicants to personally complete their renewal application. Any errors, omissions or misstatements are solely the responsibility of the renewal applicant.

The Board requires your original, hand-written signature on the renewal application; therefore, applications are not accepted via email or facsimile. Once completed, make a copy of the renewal application for your records, and mail the original application to:

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

Applications with a stamped or digital signature, or which are incomplete and/or illegible will be returned to your mailing address unprocessed. Your original, dated, hand-written signature is required in 2 places on this application. Please make sure you sign and date pages 3 and 5. **Your application is incomplete without these signatures.**

The renewal application fee is \$400.00 for an active status license and \$150.00 for an inactive status license. You must hold an active status license in order to practice podiatric medicine in West Virginia. **Do not submit payment with your application.** Upon receipt of your completed renewal application, the Board will send payment instructions to the email address provided on the application. **Your application will not be processed until payment is received.**

If the Board does not receive your completed renewal application and payment of the renewal fee prior to 4:30 pm EDT on June 30, 2025, your podiatric medical license will expire effective at 11:59 pm EDT on June 30, 2025. If your podiatric medical license expires, you must cease practicing podiatric medicine in the State of West Virginia.

If you have questions regarding renewal, please review the 2025 Podiatric Physician Renewal FAQs that are available on the Board's website, wvbom.wv.gov.

2025 Podiatric Physician License Renewal Application

(For the Period of July 1, 2025 to June 30, 2027)

In accord with federal law, please be advised that disclosure of your Social Security Number is MANDATORY in order for the Board to comply with the requirements of the federal National Practitioner Data Bank. **While completing this application, please type or print legibly.**

Name: _____
First Name Middle Name Last Name Suffix

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

Licensure Status - Indicate your desired status for renewing your license. You may not practice podiatric medicine in West Virginia unless your license status is active.

☐ **Active Status** (\$400.00 renewal fee)

☐ **Inactive Status** (\$150.00 renewal 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.

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: _____

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Name: _____

Practice Information - For the period of July 1, 2023 through today, 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/Podiatric Corporation or Professional Limited Liability Company - Please list each medical/podiatric 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/podiatric 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.

Are you actively practicing podiatric medicine in West Virginia? ☐ Yes ☐ No

Anticipated date of retirement (year): _____ Percent of time in direct services: _____ Percent of time in administration: _____

Specialty - Enter the code for your specialty.

Codes for self-designation of practice specialty / area of practice:

FOR – Foot Orthopedics or Biomechanics

PGR – Podogeriatrics

S – Surgery

GP – General Practice

PPD – Podopediatrics

OS – Other Specialty

PD – Podiatric Dermatology

ROE – Roentgenology

NS – No Specialty

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.		

Name: _____

Certification of Continuing Podiatric Education Compliance - If you are unable to certify compliance with the CPE requirements, you are not eligible to renew. A list of Board approved courses which satisfy the mandatory risk assessment and responsible prescribing of controlled substances training / drug diversion training and best practice prescribing of controlled substances training is available at <https://wvbom.wv.gov/2025CPECourses.asp>.

- A. Mandatory Risk Assessment and Responsible Prescribing of Controlled Substances Training / Drug Diversion Training and Best Practice Prescribing of Controlled Substances Training. Please select the option below that is applicable to you. You must select one.**

☐ I hereby attest that between July 1, 2023 and today, I completed a minimum of 3 hours of risk assessment and responsible prescribing of controlled substances training / 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, 2023 and today.

OR

☐ I hereby attest that during the period of July 1, 2023 through June 30, 2025, I did not and will not prescribe, administer, or dispense any controlled substances pursuant to my West Virginia license. I therefore request that the Board waive the risk assessment and responsible prescribing of controlled substances training / drug diversion training and best practice prescribing of controlled substances training CPE requirement.

OR

☐ I hereby attest that my initial DPM license was issued by the West Virginia Board of Medicine after July 1, 2024, and I will complete a minimum of 3 hours of risk assessment and responsible prescribing of controlled substances training / 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 within one year of my date of initial licensure.

- B. Other continuing podiatric education for the period of July 1, 2023 through the present. Please select the statement below that describes how you satisfied your CPE obligation for the identified reporting period. You must select one.**

☐ I hereby attest that between July 1, 2023 and today, I have successfully completed a minimum of 50 hours of continuing podiatric education satisfactory to the Board. All courses for which I claim credit have been approved by the APMA or Council on Podiatric Medical Education; presented or sponsored by any of the podiatry colleges in the United States; designated as Category I by the AMA or AAFP; or presented or sponsored by the West Virginia Podiatric Medical Association. 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 podiatric or medical teaching/preceptorship towards my 50-hour total. I understand that if I am ineligible for a waiver of the mandatory risk assessment and responsible prescribing of controlled substances training / drug diversion training and best practice prescribing of controlled substances training course, I can include that course in my 50-hour total.

OR

☐ I hereby attest that between July 1, 2023 and today, I have successfully completed one full year of graduate training approved by the Council on Podiatric Medical Education or the Colleges of Podiatric Medicine, and I can provide written verification from my program if requested by the Board.

OR

☐ I hereby attest that between July 1, 2023 and today, I sat for and passed a certification or recertification examination of the American Board of Podiatric Medicine or the American Board of Foot and Ankle Surgery and received certification or recertification from the said board during the reporting period.

Continuing Podiatric Education Attestation – I hereby attest that I have provided a true and accurate certification of my continuing education.

Original Signature: _____

Date: _____

You may be audited! A sample number of podiatric physicians will be audited for the purpose of documenting continuing education hours. If audited, you will be required to provide proof by submitting acceptable written confirmation of your completion of required continuing education. If you have requested a waiver of the 3-hour risk assessment and responsible prescribing of controlled substances training / drug diversion training and best practice prescribing of controlled substances training CE, part of your audit may require independent verification through the CSMP that you have not prescribed any controlled substances during the requisite period.

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Name: _____

Professional Practice, Character and Fitness Questions – During the last two-year registration period of July 1, 2023 to June 30, 2025 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 podiatric 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/podiatric 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/podiatric board, and/or are any disciplinary actions pending against you?		
5. voluntarily surrendered (not expired) to a medical/podiatric board or limited your podiatric license with a medical/podiatric 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 by the renewal deadline all documentation related to your answer.</u>		
7. voluntarily resigned from any medical/podiatric 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 podiatric examination?		
9. been denied a license to practice podiatric 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 professional liability rendered or made against you between July 1, 2023 and June 30, 2025? For each 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 judgment 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 by the renewal deadline.</u>		
14. had any interruption in your practice of podiatric medicine which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the podiatric profession in a manner consistent with standards of conduct for the podiatric 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 podiatric profession in a manner consistent with the standards of conduct for the podiatric profession?		

ALL “YES” ANSWERS MUST BE ACCOMPANIED BY A WRITTEN EXPLANATION, EXPLAINING IN DETAIL YOUR “YES” ANSWER(S). YOU MUST ALSO ENCLOSE, OR CAUSE TO BE SUBMITTED, ALL REQUESTED SUPPORTIVE DOCUMENTATION.

Name: _____

Proof of Controlled Substance Monitoring Program Registration – All physicians who prescribe or dispense any Schedule II, III, IV and/or V controlled substances pursuant to a West Virginia license are required to be 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 the date of registration as it appears on my CSMP registration certificate is: ____/____/____.(mm/dd/yyyy)

☐ Since July 1, 2023 I have not prescribed or dispensed any controlled substances pursuant to my West Virginia podiatric license, and I am not registered with the CSMP.

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 in the last two years and my certification of successful completion of all required continuing podiatric education.

I understand that prior to dispensing or administering any controlled substances, including samples in an office-based setting, I must be registered (or renew my registration) 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 renewal 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 license issued based upon this renewal application is based on the truth of the statements contained herein. Should I furnish false or misleading information in this renewal 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 renewal application relate to the entire period of July 1, 2023 to June 30, 2025. If, after I provide my signature and prior to June 30, 2025, any answer should change for any reason, I have a duty to notify the Board and amend my renewal application.

I certify that I have provided true and accurate information in response to the 15 Professional Practice, Character and Fitness Questions on page 3 and regarding my CSMP registration status.

Original Signature: _____

Date: _____

Mail the completed renewal application to:

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

Do not include the renewal application fee with your application. Upon receipt of your completed application, the Board will send payment instructions via email to the email address provided on this application.