



State of West Virginia *Board of Medicine*

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2025 Controlled Substance Dispensing Practitioner Registration Renewal Application for Medical Doctors Whose Last Names Begin with the Letters M Through Z and all Podiatric Physicians

To renew your controlled substance dispensing practitioner registration, complete this application and submit it to the Board via US Mail at the address provided above or via email to Jamie.C.Frame@wv.gov. Applications are only accepted via email if they are sent to the email address provided above, and if they are sent from your email address of record with the Board. The Board must receive your completed application and the associated renewal fee prior to 4:30 pm Eastern Daylight Time (EDT) on Monday, June 30, 2025 to avoid expiration. This application cannot be processed until you successfully renew your professional (MD/DPM) license. **There is no grace period for office-based dispensing and/or administering of controlled substances after your registration expires.**

1. Practitioner Information.

First Name	Middle Name	Last Name	Suffix
WVBOM License Number		DEA Controlled Substance Registration Number	

- 2. Controlled Substance Dispensing Locations.** Please list each and every location for which you seek to renew your registration for the **office-based** dispensing of controlled substance medications. 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
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Dispensing Location No. 2

Physical Address	City	State	Zip Code	County	Telephone
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Dispensing Location No. 3

Physical Address	City	State	Zip Code	County	Telephone
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Dispensing Location No. 4

Physical Address	City	State	Zip Code	County	Telephone
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- 3. Eligibility to Renew as a Controlled Substance Dispensing Practitioner.** Please verify that the following statements are true and correct by checking or initialing the line in front of each statement. If you are unable to verify any of the statements below, you are ineligible to renew.

_____ I am currently registered to access the West Virginia Controlled Substance Monitoring Program Database.

_____ 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.

- 4. Renewal Fee.** The renewal fee is \$30 per dispensing location. **Upon receipt of your completed application, the Board will send payment instructions to you via email. Your application is incomplete until payment of the renewal fee is received.**

5. Attestation.

By placing my personal dated signature upon this application, I attest that the information I have provided is truthful, accurate and complete.

Printed Name

Personal Signature

Date

The Board does not accept electronically generated or stamped signatures on controlled substance dispensing practitioner registration renewal applications. Please hand-sign this application.