



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. Illegible or incomplete applications **will be returned** to the applicant.

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.

Provide complete information in each of your responses. If you answer “yes” to any of the professional practice, character and fitness questions, you must provide a written explanation for each “yes” response and produce all related documentation. Your application will be considered INCOMPLETE if you do not provide the required explanations and documentation.

Your personal certification of accuracy and your original, dated signature is required in four different places on this application. Please review your responses carefully and make sure that you have signed and dated the form in all the required locations. Because your original signature is required, applications are not accepted via facsimile or email.

Please do not delegate completion of this application to any other person. Completion of the reinstatement application is solely the responsibility of the applicant. Applications which fail to complete within six months will expire. Please keep a copy of your complete application for your records.

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, 2023 through June 30, 2025**.
3. A copy of your West Virginia Board of Pharmacy Controlled Substances Monitoring Program Database Certificate of Registration (if applicable).

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, 2027)

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.

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 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
3. I am the subject of a child support related subpoena or warrant.	<input type="checkbox"/>	<input type="checkbox"/>

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Name: _____

Certification of Continuing Medical Education Compliance – Responses shall be for the period July 1, 2023 to June 30, 2025. 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://wvbm.wv.gov/2025CMECourses.asp>. 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 Risk Assessment and Responsible Prescribing of Controlled Substances Training / Drug Diversion Training and Best Practice Prescribing of Controlled Substances Training. You must select one.

☐ Between July 1, 2023 and June 30, 2025, I completed a minimum of three (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 June 30, 2025.

OR

☐ I attest that during the period of July 1, 2023 through June 30, 2025, I did not prescribe, administer, or dispense any controlled substance pursuant to a 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 CME requirement.

B. Other Continuing Medical Education for the Period of July 1, 2023 Through June 30, 2025. Please select the statement below that describes how you satisfied your CME obligation for the identified reporting period. You must select one.

☐ I hereby attest that between July 1, 2023 and June 30, 2025, 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 risk assessment and responsible prescribing of controlled substances training / 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 between July 1, 2023 and June 30, 2025, I sat for and passed a certification or recertification examination of an American Board of Medical Specialties member board and received certification or recertification.

OR

☐ I hereby attest that I am American Board of Medical Specialties certified, and between July 1, 2023 and June 30, 2025, I have been successfully involved in maintenance of certification.

OR

☐ I hereby attest that between July 1, 2023 and June 30, 2025, I have successfully completed one full year of ACGME approved post-graduate training.

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

Original Signature: _____

Date: _____

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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, 2023 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: _____

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.

CSMP Attestation - I hereby attest that I have provided a true and accurate certification of my CSMP registration status. I have enclosed with this a copy of my CSMP registration certificate, if applicable.

Original Signature: _____ **Date:** _____

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 2025 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	Neuropsy psychiatry	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			NTR	Nutrition	SP	Selective Pathology
AN	Anesthesiology	PYG	Geriatric Psychiatry	OAN	Obstetric Anesthesiology (Anesthesiology)	SME	Sleep Medicine
BBK	Blood Banking/Transfusion Medicine	GYN	Gynecology	OBS	Obstetrics	SMA	Sleep Medicine (Anesthesiology)
BIN	Brain Injury Medicine (Neurology)	GO	Gynecological Oncology	OBG	Obstetrics & Gynecology	SMI	Sleep Medicine (Internal Medicine)
BIP	Brain Injury Medicine (Physical Medicine & Rehabilitation)	HS	Hand Surgery	OM	Occupational Medicine	SMO	Sleep Medicine (Otolaryngology)
CTR	Cardiothoracic Radiology	HNS	Head & Neck Surgery	OPR	Ophthalmic Plastic and Reconstructive Surgery (Ophthalmology)	SMP	Sleep Medicine (Pediatrics)
CD	Cardiovascular Disease	HEM	Hematology (Internal Medicine)	OPH	Ophthalmology	SMN	Sleep Medicine (Psychiatry & Neurology)
PCH	Chemical Pathology	HMP	Hematology (Pathology)	OMF	Oral & Maxillofacial Surgery	SCI	Spinal Cord Injury Medicine
CAP	Child Abuse Pediatrics	HO	Hematology/Oncology	ORS	Orthopedic Surgery	ESM	Sports Medicine (Emergency Medicine)
CHP	Child and Adolescent Psychiatry	HEP	Hepatology	OSS	Orthopedic Surgery of the Spine	FSM	Sports Medicine (Family Medicine)
CHN	Child Neurology	HPM	Hospice & Palliative Medicine	OTR	Orthopedic Trauma	ISM	Sports Medicine (Internal Medicine)
CBG	Clinical Biochemical Genetics	HPA	Hospice & Palliative Medicine (Anesthesiology)	OMM	Osteopathic Manipulative Medicine	OSM	Sports Medicine (Orthopedic Surgery)
ICE	Clinical Cardiac Electrophysiology	HPE	Hospice & Palliative Medicine (Emergency Medicine)	OFA	Foot and Ankle, Orthopedics	PSM	Sports Medicine (Pediatrics)
CCG	Clinical Cytogenetics	HPF	Hospice & Palliative Medicine (Family Medicine)	OTO	Otolaryngology	PRS	Sports Medicine (Physical Medicine & Rehabilitation)
CG	Clinical Genetics	HPI	Hospice & Palliative Medicine (Internal Medicine)	PME	Pain Management	CCS	Surgical Critical Care (Surgery)
CIP	Clinical Informatics (Pathology)	HPO	Hospice & Palliative Medicine (Obstetrics & Gynecology)	PMM	Pain Medicine	HSO	Surgery of the Hand (Orthopedics)
CIM	Clinical Informatics (Preventive Medicine)	HPP	Hospice & Palliative Medicine (Pediatrics)	APM	Pain Medicine (Anesthesiology)	HSP	Surgery of the Hand (Plastic Surgery)
DDL	Clinical and Laboratory Dermatological Immunology	HPR	Hospice & Palliative Medicine (Physical Medicine & Rehabilitation)	PMN	Pain Medicine (Neurology)	HSS	Surgery of the Hand (Surgery)
ILI	Clinical and Laboratory Immunology (Internal Medicine)	HPN	Hospice & Palliative Medicine (Psychiatry & Neurology)	PMP	Pain Medicine (Physical Medicine & Rehabilitation)	SO	Surgical Oncology
PLI	Clinical and Laboratory Immunology (Pediatrics)	HPD	Hospice & Palliative Medicine (Radiology)	PPN	Pain Medicine (Psychiatry)	TS	Thoracic Surgery
ALI	Clinical and Laboratory Immunology (Allergy & Immunology)	HPS	Hospice & Palliative Medicine (Surgery)	PLM	Palliative Medicine	TRS	Trauma Surgery
CMG	Clinical Molecular Genetics	HOS	Hospitalist	PDA	Pediatric Allergy	THP	Transplant Hepatology (Internal Medicine)
CN	Clinical Neurophysiology	IG	Immunology	PAN	Pediatric Anesthesiology (Anesthesiology)	TTS	Transplant Surgery
CLP	Clinical Pathology	PIP	Immunopathology	PDC	Pediatric Cardiology	UME	Undersea & Hyperbaric Medicine (Emergency Medicine)
PA	Clinical Pharmacology	ID	Infectious Disease	PCS	Pediatric Cardiothoracic Surgery	UM	Undersea & Hyperbaric Medicine (Preventive Medicine)
CRS	Colon & Rectal Surgery	IM	Internal Medicine	CCP	Pediatric Critical Care Medicine	UCM	Urgent Care Medicine
CHS	Congenital Cardiac Surgery (Thoracic Surgery)	MPD	Internal Medicine/Pediatrics	PDD	Pediatric Dermatology	U	Urology
CS	Cosmetic Surgery	IC	Interventional Cardiology	PE	Pediatric Emergency Medicine (Emergency Medicine)	VIR	Vascular and Interventional Radiology
CFS	Craniofacial Surgery	LM	Legal Medicine	PEM	Pediatric Emergency Medicine (Pediatrics)	VM	Vascular Medicine
CCA	Critical Care Medicine (Anesthesiology)	MFM	Maternal & Fetal Medicine	PDE	Pediatric Endocrinology	VN	Vascular Neurology
CCE	Critical Care Medicine (Emergency Medicine)	MBG	Medical Biochemical Genetics	PG	Pediatric Gastroenterology	VS	Vascular Surgery
CCM	Critical Care Medicine (Internal Medicine)	MG	Medical Genetics	PHO	Pediatric Hematology/Oncology	In addition to the above, the following specialty designations are also used:	
OCC	Critical Care Medicine (Obstetrics & Gynecology)	MDM	Medical Management	PDI	Pediatric Infectious Disease		
ASO	Complex General Surgical Oncology (Surgery)	MM	Medical Microbiology	PN	Pediatric Nephrology	OS	Other (i.e., a specialty other than those appearing above)
PCP	Cytopathology	ON	Medical Oncology	PO	Pediatric Ophthalmology	US	Unspecified
D	Dermatology	MDP	Medical Physics	OP	Pediatric Orthopedics		
DMP	Dermatopathology	ETX	Medical Toxicology (Emergency Medicine)	PDO	Pediatric Otolaryngology		
DS	Dermatologic Surgery	PDT	Medical Toxicology (Pediatrics)	PP	Pediatric Pathology		
DBP	Developmental-Behavioral Pediatrics	PTX	Medical Toxicology (Preventive Medicine)	PDP	Pediatric Pulmonology		
DIA	Diabetes	MGG	Molecular Genetic Pathology (Medical Genetics)	PDR	Pediatric Radiology		
DR	Diagnostic Radiology	MGP	Molecular Genetic Pathology (Pathology)	RPM	Pediatric Rehabilitation Medicine		
EMS	Emergency Medical Services	OMO	Musculoskeletal Oncology	PPR	Pediatric Rheumatology		
EM	Emergency Medicine	MSR	Musculoskeletal Radiology	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)		