



# State of West Virginia *Board of Medicine*

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

## **2026 Controlled Substance Dispensing Practitioner Registration Renewal Application for Medical Doctors Whose Last Names Begin with the Letters A Through L**

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](mailto: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 June 30, 2026 to avoid expiration. This application cannot be processed until you successfully renew your medical license. **There is no grace period for office-based dispensing and/or administering of controlled substances after your registration expires.**

### **1. Practitioner Information.**

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

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Physical Address	City	State	Zip Code	County	Telephone
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#### **Dispensing Location No. 2**

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

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

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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.

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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.**