

**WEST VIRGINIA BOARD OF MEDICINE 2025
PHYSICIAN ASSISTANT RENEWAL
PROFESSIONAL PRACTICE, CHARACTER AND FITNESS QUESTIONS**

The following questions are part of the 2025 PA licensure renewal application. All yes answers require a narrative explanation and the submission of appropriate supporting documentation, including any requested supplemental information, prior to the renewal deadline of 4:30 pm on March 31, 2025.

DURING THE LAST TWO-YEAR REGISTRATION PERIOD OF APRIL 1, 2023, TO MARCH 31, 2025 HAVE YOU, <u>IN ANY JURISDICTION, FOR ANY REASON:</u>	
1	been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to your practice as a physician assistant, or for unethical conduct?
2	been charged with or convicted of or pled nolo contendere to any felony or misdemeanor? <i>If the answer is yes, you will need to upload copies of all court records related to any such charges, pleas and/or convictions.</i>
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? <i>If the answer is yes, you will need to upload copies of all court records related to any such charges, pleas and/or convictions.</i>
4	had limitations, restrictions or conditions placed upon your certificate or license to practice, or had your certificate or license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation, and/or are any disciplinary actions pending against you?
5	voluntarily surrendered (not expired) or limited your certificate or license to practice?
6	had any hospital privileges limited, restricted, suspended, revoked, or subjected to any kind of disciplinary action, including censure, reprimand or probation? <i>If the answer is yes, in addition to your narrative response, you must have the facility provide all documentation related to your answer directly to the Board.</i>
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 certification or licensure in any state or been ejected from any physician assistant examination?
9	been denied certification or licensure to practice as a physician assistant?
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 April 1, 2023 and March 31, 2025? 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 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 judgement.
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.) <i>If you have gone through a rehabilitation program during the two-year registration period, you MUST have that program furnish this Board a report of your treatment and progress.</i>
14	had any interruption in your practice 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?