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 (A – L)

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.

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 change of status 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 activities must be satisfactory to the Board.

2. Documentation supporting successful completion of the required continuing medical education **during the period of July 1, 2024 through June 30, 2026.**

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 (A – L)

(For the Period ending June 30, 2028)

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, 2024 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.		
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 Medical Education Compliance – Please select the statement below that describes how you satisfied your CME obligation for the period of July 1, 2024 through June 30, 2026. You must select one.

☐ I hereby attest that between July 1, 2024 and June 30, 2026, I have successfully completed a minimum of fifty 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.

OR

☐ I hereby attest that between July 1, 2024 and June 30, 2026, 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, 2024 and June 30, 2026, I have been successfully involved in maintenance of certification.

OR

☐ I hereby attest that between July 1, 2024 and June 30, 2026, 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:** _____

Name:_____

Professional Practice, Character and Fitness Questions – During the period of July 1, 2024 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? If your answer is yes, submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.		
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? If your answer is yes, submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.		
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? If your answer is yes, you must have the facility submit directly to the Board all documentation related to your answer.		
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, 2024 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; (6) the adjudicating body and case number (or that the settlement was prelawsuit); and (7) 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.) 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.		
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 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://pmpwv.rxgov.com.

Please check the box that is **applicable to you. <u>You must select one.</u>**

☐ I attest that I am currently registered with the CSMP.

☐ 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.

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, 2024 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, 2024 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 2026 CHANGE OF STATUS APPLICATION

CODES FOR SELF-DESIGNATION OF PRACTICE SPECIALTY/ AREAS OF PRACTICE

AR Abdominal Radiology
AS Abdominal Surgery
ADM Addiction Medicine
ADP Addiction Psychiatry
AMF Adolescent Medicine (Family Medicine)
AMI Adolescent Medicine (Internal Medicine)
ADL Adolescent Medicine (Pediatrics)
ACA Adult Cardiothoracic Anesthesiology (Anesthesiology)
CHD Adult Congenital Heart Disease
OAR Adult Reconstructive Orthopedics
AHF Advanced Heart Failure & Transplant Cardiology (Internal Medicine)
AM Aerospace Medicine
A Allergy
AI Allergy & Immunology
PTH Anatomic/Clinical Pathology
ATP Anatomic Pathology
AN Anesthesiology
BBK Blood Banking/Transfusion Medicine
BIN Brain Injury Medicine (Neurology)
BIP Brain Injury Medicine (Physical Medicine & Rehabilitation)
CTR Cardiothoracic Radiology
CD Cardiovascular Disease
PCH Chemical Pathology
CAP Child Abuse Pediatrics
CHP Child and Adolescent Psychiatry
CHN Child Neurology
CBG Clinical Biochemical Genetics
ICE Clinical Cardiac Electrophysiology
CCG Clinical Cytogenetics
CG Clinical Genetics
CIP Clinical Informatics (Pathology)
CIM Clinical Informatics (Preventive Medicine)
DDL Clinical and Laboratory Dermatological Immunology
ILI Clinical and Laboratory Immunology (Internal Medicine)
PLI Clinical and Laboratory Immunology (Pediatrics)
ALI Clinical and Laboratory Immunology (Allergy & Immunology)
CMG Clinical Molecular Genetics
CN Clinical Neurophysiology
CLP Clinical Pathology
PA Clinical Pharmacology
CRS Colon & Rectal Surgery
CHS Congenital Cardiac Surgery (Thoracic Surgery)
CS Cosmetic Surgery
CFS Craniofacial Surgery
CCA Critical Care Medicine (Anesthesiology)
CCE Critical Care Medicine (Emergency Medicine)
CCM Critical Care Medicine (Internal Medicine)
OCC Critical Care Medicine (Obstetrics & Gynecology)
ASO Complex General Surgical Oncology (Surgery)
PCP Cytopathology
D Dermatology
DMP Dermatopathology
DS Dermatologic Surgery
DBP Developmental-Behavioral Pediatrics
DIA Diabetes
DR Diagnostic Radiology
EMS Emergency Medical Services
EM Emergency Medicine
END Endocrinology, Diabetes and Metabolism
ESN Endovascular Surgical Neuroradiology (Radiology)
ES Endovascular Surgical Neuroradiology (Neurological Surgery)
ENR Endovascular Surgical Neuroradiology (Neurology)
EP Epidemiology
EPL Epilepsy
FPS Facial Plastic Surgery
FM Family Medicine
UPR Female Pelvic Medicine (Urology)
FPR Female Pelvic Medicine & Reconstructive Surgery (Obstetrics & Gynecology)
FOP Forensic Pathology
PFP Forensic Psychiatry
GE Gastroenterology
GP General Practice
GS General Surgery
FPG Geriatric Medicine (Family Medicine)
IMG Geriatric Medicine (Internal Medicine)
PYG Geriatric Psychiatry
GYN Gynecology
GO Gynecological Oncology
HS Hand Surgery
HNS Head & Neck Surgery
HEM Hematology (Internal Medicine)
HMP Hematology (Pathology)
HO Hematology/Oncology
HEP Hepatology
HPM Hospice & Palliative Medicine
HPA Hospice & Palliative Medicine (Anesthesiology)
HPE Hospice & Palliative Medicine (Emergency Medicine)
HPF Hospice & Palliative Medicine (Family Medicine)
HPI Hospice & Palliative Medicine (Internal Medicine)
HPO Hospice & Palliative Medicine (Obstetrics & Gynecology)
HPP Hospice & Palliative Medicine (Pediatrics)
HPR Hospice & Palliative Medicine (Physical Medicine & Rehabilitation)
HPN Hospice & Palliative Medicine (Psychiatry & Neurology)
HPD Hospice & Palliative Medicine (Radiology)
HPS Hospice & Palliative Medicine (Surgery)
HOS Hospitalist
IG Immunology
PIP Immunopatholgy
ID Infectious Disease
IM Internal Medicine
MPD Internal Medicine/Pediatrics
IC Interventional Cardiology
LM Legal Medicine
MFM Maternal & Fetal Medicine
MBG Medical Biochemical Genetics
MG Medical Genetics
MDM Medical Management
MM Medical Microbiology
ON Medical Oncology
MDP Medical Physics
ETX Medical Toxicology (Emergency Medicine)
PDT Medical Toxicology (Pediatrics)
PTX Medical Toxicology (Preventive Medicine)
MGG Molecular Genetic Pathology (Medical Genetics)
MGP Molecular Genetic Pathology (Pathology)
OMO Musculoskeletal Oncology
MSR Musculoskeletal Radiology
NPM Neonatal-Perinatal Medicine
NEP Nephrology
NDP Neurodevelopmental Disabilities (Pediatrics)
NDN Neurodevelopmental Disabilities (Psychiatry & Neurology)
N Neurology
NS Neurological Surgery
NMN Neuromuscular Medicine (Neurology)
NMP Neuromuscular Medicine (Physical Medicine & Rehabilitation)
NP Neuropathology
RNR Neuroradiology
NUP Neuropsychiatry
NO Neurotology (Otolaryngology)
NC Nuclear Cardiology
NM Nuclear Medicine
NR Nuclear Radiology
NTR Nutrition
OAN Obstetric Anesthesiology (Anesthesiology)
OBS Obstetrics
OBG Obstetrics & Gynecology
OM Occupational Medicine
OPR Ophthalmic Plastic and Reconstructive Surgery (Ophthalmology)
OPH Ophthalmology
OMF Oral & Maxillofacial Surgery
ORS Orthopedic Surgery
OSS Orthopedic Surgery of the Spine
OTR Orthopedic Trauma
OMM Osteopathic Manipulative Medicine
OFA Foot and Ankle, Orthopedics
OTO Otolaryngology
PME Pain Management
PMM Pain Medicine
APM Pain Medicine (Anesthesiology)
PMN Pain Medicine (Neurology)
PMP Pain Medicine (Physical Medicine & Rehabilitation)
PPN Pain Medicine (Psychiatry)
PLM Palliative Medicine
PDA Pediatric Allergy
PAN Pediatric Anesthesiology (Anesthesiology)
PDC Pediatric Cardiology
PCS Pediatric Cardiothoracic Surgery
CCP Pediatric Critical Care Medicine
PDD Pediatric Dermatology
PE Pediatric Emergency Medicine (Emergency Medicine)
PEM Pediatric Emergency Medicine (Pediatrics)
PDE Pediatric Endocrinology
PG Pediatric Gastroenterology
PHO Pediatric Hematology/Oncology
PDI Pediatric Infectious Disease
PN Pediatric Nephrology
PO Pediatric Ophthalmology
OP Pediatric Orthopedics
PDO Pediatric Otolaryngology
PP Pediatric Pathology
PDP Pediatric Pulmonology
PDR Pediatric Radiology
RPM Pediatric Rehabilitation Medicine
PPR Pediatric Rheumatology
NSP Pediatric Surgery (Neurology)
PDS Pediatric Surgery(Surgery)
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)
PSP Plastic Surgery within the Head & Neck (Plastic Surgery)
GPM General Preventive Medicine
PRD Procedural Dermatology
PRO Proctology
P Psychiatry
PYA Psychoanalysis
PYM Psychosomatic Medicine
PHP Public Health and General Preventive Medicine
PCC Pulmonary Critical Care Medicine
PUD Pulmonary Disease
RO Radiation Oncology
RP Radiological Physics
R Radiology
REN Reproductive Endocrinology and Infertility
RHU Rheumatology
SP Selective Pathology
SME Sleep Medicine
SMA Sleep Medicine (Anesthesiology)
SMI Sleep Medicine (Internal Medicine)
SMO Sleep Medicine (Otolaryngology)
SMP Sleep Medicine (Pediatrics)
SMN Sleep Medicine (Psychiatry & Neurology)
SCI Spinal Cord Injury Medicine
ESM Sports Medicine (Emergency Medicine)
FSM Sports Medicine (Family Medicine)
ISM Sports Medicine (Internal Medicine)
OSM Sports Medicine (Orthopedic Surgery)
PSM Sports Medicine (Pediatrics)
PRS Sports Medicine (Physical Medicine & Rehabilitation)
CCS Surgical Critical Care (Surgery)
HSO Surgery of the Hand (Orthopedics)
HSP Surgery of the Hand (Plastic Surgery)
HSS Surgery of the Hand (Surgery)
SO Surgical Oncology
TS Thoracic Surgery
TRS Trauma Surgery
THP Transplant Hepatology (Internal (Medicine)
TTS Transplant Surgery
UME Undersea & Hyperbaric Medicine (Emergency Medicine)
UM Undersea & Hyperbaric Medicine (Preventive Medicine)
UCM Urgent Care Medicine
U Urology
VIR Vascular and Interventional Radiology
VM Vascular Medicine
VN Vascular Neurology
VS Vascular Surgery

In addition to the above, the following specialty designations are also used:

OS Other (i.e., a specialty other than those appearing above)
US Unspecified