



State of West Virginia *Board of Medicine*

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INSTRUCTIONS FOR REGISTRATION TO PRACTICE IN WEST VIRGINIA DURING COVID-19 STATE OF EMERGENCY FOR RETIRED PHYSICIAN ASSISTANTS

This form is for use by eligible retired West Virginia physician assistants who want to register to practice in West Virginia during the COVID-19 State of Emergency, either in person or via telemedicine technologies. Eligibility criteria are set forth in the certification section of the registration form and in 11 CSR 14.

Please review the following instructions before completing the registration form:

- The Board only processes forms which are complete, legible, and are accompanied by a copy of your proof of identity document.
- The name you provide must be your legal name and must match the name on your identification document.
- Provide complete and current contact information. A valid personal address and email are required.
- Provide your expired status West Virginia Board of Medicine license number.
- Submit a clear and legible copy of your valid, government-issued identity document bearing your legal name, date of birth and photograph. Accepted documents include:
 - A driver's license or non-driver identification card;
 - A passport or U.S. Global Entry identification card; or
 - A military or national identification card.
- Complete the certification and sign and date the form.
- There is no fee to register to practice in West Virginia during the COVID-19 State of Emergency.

Please file your registration form via facsimile at (304) 558-2084 or by regular mail. If you are eligible to register, the Board will notify you of your registration number via email at the address you provide on your registration form. A list of authorized registrants will be published on the Board's website with the applicant's name, registration number, date of registration and your expired West Virginia license number. All registrations terminate when the current state of emergency ends. To practice in West Virginia after that date, please contact the Board.

**Registration to Practice in West Virginia
During COVID-19 State of Emergency**

RETIRED PHYSICIAN ASSISTANT

Name: _____
First Middle Last Suffix

Date of Birth: _____ Phone: _____
MM/DD/YYYY

Email Address: _____

Home Address: _____
(Physical address – not a PO Box) City State Zip

West Virginia License Number _____

Please attach a copy of your government-issued photo ID (driver's license, passport etc.) to this form.

By submitting this registration form, I hereby attest and certify that:

- I have not have surrendered a physician assistant license while under investigation or had a physician assistant license revoked in any jurisdiction, unless the revocation was subsequently withdrawn or overturned;
- I have had an active clinical practice within the last 5 years;
- I no longer hold an active status physician assistant license in any state;
- I was in good standing at the time my West Virginia physician assistant license became expired;
- I meet the qualifications to practice medicine in West Virginia during the declared COVID-19 State of Emergency;
- The information I have provided on this form is complete and accurate;
- I agree to practice in compliance with all applicable federal and state laws, rules and executive orders; and understand I must practice in collaboration with physicians pursuant to a Practice Agreement or Practice Notification;
- I understand that once the COVID-19 State of Emergency is lifted in West Virginia, my emergency practice registration automatically terminates; and
- I understand that emergency practice registration is not the same thing as being granted a West Virginia physician assistant license and if I wish to continue practicing medicine to patients in West Virginia once the current State of Emergency is lifted, I understand that I must apply, meet the eligibility criteria, and be granted a reactivated West Virginia physician assistant license.

Physician Assistant Signature: _____ Date: _____

TO BE COMPLETED BY THE WEST VIRGINIA BOARD OF MEDICINE

Registration No: _____ Date Registration Issued: _____