LICENSE VERIFICATION FORM

Send a copy to the **Licensing Board** in every state in which you **are or ever have been** licensed – active and inactive. (also include Educational or Training Licenses.)

Note: **Licensing Boards in some states charge a fee for this. Contact their office before mailing this form to them.**

I have applied for a license to practice Osteopathic Medicine and Surgery in the state of West Virginia. Before my request for a license can be reviewed, a background investigation must be completed. I hereby authorize you to release the following information to the West Virginia Board of Osteopathy.

_____ _____
Name in Full (Please Print) (Signature of Applicant)

_____ _____
License # Issue Date

_____
Current Address

_____ _____
Birthdate Soc. Sec. # Other Names Used for Licensure

This section to be completed by State Licensing Board where you are or were licensed:

State of:_____

Full Name of Licensee:_____

Graduate of:_____

License #:_____Issue Date:_____ Expiration Date:_____

Current Status:_____

License Method: ( ) State Board Exam ( ) National Board
( ) Endorsement/Reciprocity ( ) FLEX
( ) Other:_____

Has the applicant ever been warned, censured or in any other manner disciplined or has applicant's license been revoked, suspended, surrendered or in any other manner limited by a licensing or disciplinary authority in your state? **YES___ NO___**
If yes, please explain,_____

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state that is likely to result in formal disciplinary action? **YES___ NO___**
Cannot answer under state law ___

If yes, please explain _____

Comments:_____

Signed:_____

(Board Seal) Title:_____

Date:_____

LICENSING BOARDS: PLEASE RETURN THIS PAGE DIRECTLY TO:
******* WEST VIRGINIA BOARD OF OSTEOPATHIC MEDICINE *******
405 Capitol Street – Suite 402
Charleston, WV 25301