



WEST VIRGINIA BOARD OF PHYSICAL THERAPY
2 Players Club Drive, Suite 102
Charleston, West Virginia 25311
Telephone: (304) 558-0367 Fax: (304) 558-0369

REACTIVATION OF INACTIVE LICENSE INSTRUCTIONS

Please contact our office to verify the status of your license before submitting a reactivation request.

To reactivate your inactive license, please submit the following:

- **Renewal Application**
 - Include a list of states where you are or have ever been licensed (active or not) as an AT.
 - If your name has changed, send a notarized copy of the legal document changing your name with your application request.
- **Reactivation Fee**
 - \$105.00 via cashier's check, business check or money order (no cash or personal checks)
- **Proof of Continuing Education Compliance**
 - Include a copy of your current BOC certification.
- **Request verification from any state you are or have ever been licensed, registered, or certified (active or not) as an AT to be sent directly from each state board to our office.**

Once all the above requirements are met and satisfied, your license shall be reactivated.

REACTIVATION FROM INACTIVE STATUS FOR ATHLETIC TRAINERS

MAIL your application and fee (No Cash or Personal Checks) to:

WEST VIRGINIA BOARD OF PHYSICAL THERAPY

2 Players Club Drive, Suite 102, Charleston, WV 25311

Phone (304) 558-0367 WVB OPT@WV.GOV

Type or print in ink. (You are required by law to report in writing any changes as they occur.)

<input type="checkbox"/> I HAVE FULFILLED THE CE REQUIREMENT OF 50 HOURS VERIFIED BY THE BOC # LISTED BELOW. LICENSE WILL NOT BE RENEWED IF NOT CHECKED.					
LICENSE #	CURRENTLY BOC CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		BOC #	EXPIRATION DATE	
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST		MAIDEN/FORMER
HOME STREET ADDRESS			CITY	STATE/PROVINCE	ZIP CODE
COUNTY	COUNTRY	US Citizen (Yes/No)	HOME PHONE	CELL PHONE	
EMAIL ADDRESS					

PREFERRED ADDRESS – The records of this board are considered public record. If you do not wish to disclose your home address, phone, or email, please provide your preferred information where you can reliably receive correspondence pertaining to your license.					
IS IT OK TO USE YOUR HOME ADDRESS? <input type="checkbox"/> YES, IT IS OK TO USE MY HOME ADDRESS. <input type="checkbox"/> NO, USE MY EMPLOYER ADDRESS. <input type="checkbox"/> NO, USE THE ADDRESS LISTED BELOW.					
COMPANY NAME (IF APPLICABLE)		PREFERRED PHONE		PREFERRED EMAIL ADDRESS	
PREFERRED STREET ADDRESS		CITY	STATE/PROVINCE	ZIP CODE	COUNTY

EMPLOYER INFORMATION					
COMPANY NAME					
STREET ADDRESS		CITY	STATE/PROVINCE	ZIP CODE	COUNTY
PHONE	FAX		EMAIL		

QUESTIONS – If you answer yes to any of the questions below, you must include a typed letter of full explanation and notarized copies of the charge(s) and conviction(s), including penalty. Answering yes to any of these questions is not necessarily a reason for the board to deny renewal, but may lead to further inquiry or investigation. Applications with yes answers will be placed on hold until the next board meeting for review and consideration.

- Do you currently have any physical or mental condition which may impair your ability to practice as an athletic trainer? If so, please explain. Yes ___ No ___
- Does your current use of alcohol or chemical substance(s), including, but not limited to, prescription medication(s), in any way impair or limit your ability to practice as an athletic trainer with reasonable skill and safety? If so, please explain. Yes ___ No ___
- Have you ever been denied the right to take an examination for licensure as an athletic trainer in any other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- Have you ever held, or do you currently hold a restricted license to practice as an athletic trainer in any jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- Are you currently under investigation as an athletic trainer in any jurisdiction? If so, please explain. Yes ___ No ___
- Have you ever had a complaint filed against you as an athletic trainer in any jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- Have you ever surrendered your license to practice as an athletic trainer as result of pending disciplinary action, or in settlement of disciplinary action in any jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- Have you ever been disciplined, including, but not limited to, revocation, suspension, probation, or reprimand, as an athletic trainer in any jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- Have you ever been convicted of a misdemeanor that has not previously been reported to this board? If so, give particulars, including the date of conduct and state and local jurisdiction in which the charges were filed. Yes ___ No ___
- Have you ever been convicted of a felony that has not previously been reported to this board? If so, give particulars, including the date of conduct and state and local jurisdiction in which the charges were filed. Yes ___ No ___

I certify the information reported on this form is true and correct.

Signature _____

Date Signed _____