State of West Virginia

West Virginia Board of Physical Therapy 2 Players Club Drive, Suite 102 Charleston, WV 25311 Telephone: 304.558.0367 Fax: 304.558.0369 Website: www.wvbopt.com

Military Deployment – Spouse Waiver Request

During periods when the licensee is accompanying his or her spouse who is on active duty as a member of the Armed Forces of the United States, the National Guard of this State or any other state or any other military reserve component and deployed outside of this State, and for six (6) months after discharge from active duty, the license of that person regulated by the Board shall continue in good standing and shall be renewed without payment of any dues or fees for the renewal of the license, and without meeting continuing education requirements for the license when circumstances associated with accompanying a spouse on military duty prevent the individual from obtaining the required continuing education.

The circumstances necessitating my Spouse Waiver Request to the Board include, but are not limited to deployment outside of the United States or in any combat area.

Name:		and the second	Profession:
License No	.:	APARTE C'	
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	(City)	(State)	(Zip)
Phone No:	NA		Email:
	(Daytime)	(Evening)	
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Military In	<u>iformation</u>	1. A4159- C	
	S Fill	IS TO JUNE	
Name of D	eployed Spouse:	7	
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			fficial deployment documents):
	ted Military Reserve		Member of the Armed Forces of the United States
(Deployed outside of this State)			Branch of Service:
Activat	ted National Guard		
	8		
Duration of	Deployment: 🔁	0	A A A
	8	(Effective Date)	(Anticipated Date of Return)
Supervisor'	's Contact Name: 📩	ANI CENTEL	R L ALP
		SEMIF	- COLLE
Supervisor'	s Contact Number:		
		(Daytime)	(Evening)
Please desc	cribe the circumstant	ces associated with militar	ry duty of your spouse which prevent you from
obtaining th	ne continuing educati	on:	

Licensee Information

Licensee's Signature