

**BIENNIAL RENEWAL APPLICATION FOR ATHLETIC TRAINERS**  
**MAIL your application and \$80.00 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					

<b>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.</b>					
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

<b>EMPLOYER INFORMATION</b>					
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.

1. 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 \_\_\_
2. 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 \_\_\_
3. 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 \_\_\_
4. 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 \_\_\_
5. Are you currently under investigation as an athletic trainer in any jurisdiction? If so, please explain. Yes \_\_\_ No \_\_\_
6. 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 \_\_\_
7. 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 \_\_\_
8. 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 \_\_\_
9. 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 \_\_\_
10. 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