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

REQUEST FOR WAIVER OF CONTINUING EDUCATION

Last Name:	First Name:	Middle Initial
License No:	License Expiration Date:	
Home Street Address:		City:
State or Province:	Zip Code:	County:
Home Phone:	Cell Phone:	Email:

Explanation of Waiver Request

Health related waivers must be supported by a statement from your treating physician explaining the nature of your illness, length of illness, and expected time for recovery. Attach additional sheets if necessary.

I, _____, herby request a waiver of continuing education requirements.
Print Name

I attest that my license is currently active and in good standing with the board. I affirm to the board that I have read the aforementioned requirements for requesting a waiver of continuing education.

_____ _____
Licensee's Signature Date Signed