



WEST VIRGINIA BOARD OF PHYSICAL THERAPY

2 Players Club Drive, Suite 102
Charleston, West Virginia 25311

Telephone: (304) 558-0367 Fax: (304) 558-0369
wvbopt@wv.gov www.wvbopt.com

INSTRUCTIONS FOR MILITARY FAMILY INITIAL LICENSING FEES WAIVER

The Board only accepts mailed applications which are complete, legible, contain an original signature, and are accompanied by all required documentation.

- **Applicant Information:** Complete this section in its entirety. The name that you provide on the application must be your legal name and must match the name on all the required supporting documentation that is submitted. A valid email address is necessary to receive written notification from the Board regarding eligibility and Board communications.
- **License Type:** Select the type of initial license that you will be applying for.
- **Verification of Eligibility:** Select the applicable eligibility category and enclose the required documentation.
 - o If you are an active **service member** or an honorably discharged veteran of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101, you must submit a copy of your current Military Orders, NGB-22 Form or DD-214 Form.
 - o If you are the **spouse of an active member or an honorably discharged veteran** of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101, you must submit a copy of your spouse's current Military Orders, NGB-22 Form or DD-214 Form. You must also submit a copy of your Certificate of Marriage.
 - o If you are the **surviving spouse of a deceased service member and you have not remarried**, you must submit a copy of your decedent spouse's DD-1300 Form. In lieu of the DD-1300 Form, the Board will accept a Certified Certificate of Death submitted along with an NGB-22 Form or DD-214 Form. You must also submit a copy of your Certificate of Marriage with the decedent service member and a Notarized Affidavit verifying that you have not remarried.
- **Certification:** Review each of the declarations and sign and date the application.

Mail your completed application with all required documentation to the WV Board of Physical Therapy at the address above. The Board will process the waiver request and provide notification of eligibility via email within 30 days of receipt of an accurately completed licensing fee waiver application. The 30-day processing period does not commence until all required documentation and information has been received by the Board.



WEST VIRGINIA BOARD OF PHYSICAL THERAPY

2 Players Club Drive, Suite 102
Charleston, West Virginia 25311

Telephone: (304) 558-0367 Fax: (304) 558-0369
wvbopt@wv.gov www.wvbopt.com

APPLICATION FOR MILITARY FAMILY INITIAL LICENSING FEES WAIVER

APPLICANT INFORMATION				
FULL LEGAL NAME: FIRST		MIDDLE INITIAL	LAST	MAIDEN/FORMER
PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
COUNTY	EMAIL ADDRESS	PREFERRED PHONE	DATE OF BIRTH	
LICENSE TYPE				
<input type="checkbox"/> PHYSICAL THERAPIST		<input type="checkbox"/> PHYSICAL THERAPIST ASSISTANT		<input type="checkbox"/> ATHLETIC TRAINER
VERIFICATION OF ELIGIBILITY				
<input type="checkbox"/> SERVICE MEMBER: I currently serve as an active member, or am an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. As verification of my service, I have enclosed a copy of my current Military Orders, NGB-22 Form or DD-214 Form.				
<input type="checkbox"/> SPOUSE OF SERVICE MEMBER: I am the spouse of an active member, or an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. As verification of my spouse's service and our marriage, I have enclosed a copy of: <ul style="list-style-type: none"> <input type="radio"/> My spouse's current Military Orders, NGB-22 Form or DD-214 Form; and <input type="radio"/> My Certificate of Marriage with the service member. 				
<input type="checkbox"/> SURVIVING SPOUSE OF SERVICE MEMBER: I am the surviving spouse of a service member and I have not remarried. As verification, I have enclosed a copy of: <ul style="list-style-type: none"> <input type="radio"/> My decedent spouse's DD-1300 Form or a Certified Certificate of Death and an NGB-22 Form or DD-214 Form; and <input type="radio"/> My Certificate of Marriage with the decedent service member; and <input type="radio"/> A Notarized Affidavit verifying that I have not remarried. 				
CERTIFICATION				
I hereby certify that: <ul style="list-style-type: none"> <input type="checkbox"/> The information contained within this application is true and correct; <input type="checkbox"/> I have not previously received an initial licensure fee waiver from the WV Board of Physical Therapy; and <input type="checkbox"/> I have not previously held a license to practice my profession in West Virginia. 				
Original Signature: _____ Date: _____				
If additional information is needed, the Board will contact you at the email address provided on this application.				