**APPLICATION FOR A 6 MONTH TEMPORARY COVID-19 PERMIT**
**TO PRACTICE RESPIRATORY CARE IN WV DURING A GOVERNOR-DECLARED EMERGENCY**

_____

Last Name First Name Middle Name

_____

Professional Degree

_____

Mailing Address Street City, State, Zip Code

_____

Primary Phone Primary E-mail

In the event of a Governor-declared emergency, respiratory therapists licensed in another state may be authorized to provide medical care in West Virginia. This authorization terminates when the governor declared emergency ends.
**Please complete the following**:

- ☐ **I am a member of the National Disaster Medical System (NDMS**) under the Office of Emergency Preparedness, US Department of Health and Human Services.
  1. Attach NDMS Photo ID 2. Attach NDMS activation notice
- ☐ **I am applying to practice in West Virginia during the Governor-declared emergency as a:**
  1. **Out of State Respiratory Therapist**
     State _____ NBRC Credentials _____
     Status _____ Expires _____
  2. **Inactive/Retired Respiratory Therapist**
     State: _____ NBRC Credentials _____
     Inactive/Retired Date_____
  3. **2022 Graduating Student** Hours Completed _____
     WVBORC Accredited School_____

Attach government-issued ID (Driver's License or Passport)

Name of Employer and Physical Location in WV _____

**I certify that I meet the qualifications to practice in West Virginia in the event of a Governor-declared emergency; that I have completed all areas of this form; and that the information is complete and accurate. I agree to practice in compliance with Chapter 30 Article 34 and other applicable federal and state laws.**

E-Signature: _____ Date: _____

**Board Use:** Temporary Permit Number _____ Issued_____ Expires _____

**West Virginia Board of Respiratory Care** | 106 Dee Drive, Suite 1 | Charleston, WV 25311
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