



**APPLICATION FOR AUTHORIZATION TO PRACTICE RESPIRATORY CARE IN
WEST VIRGINIA DURING A GOVERNOR-DECLARED EMERGENCY**

Applicant Information

Last Name	First Name	Middle Name
Professional Degree	Birthdate	
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 _____
License # _____ Status _____ Expires _____
 2. Inactive/Retired Respiratory Therapist
State _____ NBRC Credentials _____
Employer _____ License # _____
***Please have Employer email competency sheets to wvborc@wv.gov**
 3. 2020 Graduating Student
State _____ Hours Completed _____
School _____
***Please have Employer email competency sheets to wvborc@wv.gov.**
**** Attach Student ID to application.**



***All applicants, please attach government-issued ID (Driver's License or Passport) and email this application to wvborc@wv.gov to expedite licensure.**

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.

Signature: _____

Date: _____