**Application for Authorization to Practice Respiratory Care in**

**West Virginia During a Governor-Declared Emergency**

Applicant Information

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Last Name First Name Middle Name

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Professional Degree Birthdate Social Security

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Mailing Address Street City, State, Zip Code

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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

1. Inactive/Retired Respiratory Therapist

State NBRC Credentials \_\_\_\_\_\_\_\_\_\_

Employer License #

**\*Please have Employer email competency sheets to wvborc@wv.gov**

1. 2021 Graduating Student

State Hours Completed

School

**\*Please have Employer email competency sheets to wvborc@wv.gov.**

**\*\* Attach Student ID to application.**

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Employer (If no employer is listed, the emergency license will only be valid for up to one month until an employer is reported then the license will be extended.)

**\*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_