

## WEST VIRGINIA BOARD OF CHIROPRACTIC CHIROPRACTIC INTERSTATE TELEHEALTH APPLICATION AND INSTRUCTIONS

The West Virginia Board of Chiropractic is authorized to issue limited Interstate Telehealth Registrations to eligible chiropractors who seek to provide telehealth services to patients located in West Virginia by a health care practitioner located in any other state or commonwealth of the United States. An Interstate Telehealth Registration is not a license to practice chiropractic in West Virginia, and only authorizes the registrant to provide telehealth services to West Virginia patients. Chiropractors who seek to treat patients in person in West Virginia, or who seek to provide telehealth services from an international location must hold an active status West Virginia chiropractic license.

A chiropractor is eligible to apply for an interstate telehealth registration issued by the Board if all the following requirements are continuously met:

1. A chiropractor holds a valid, active chiropractic license issued by another state licensing authority or board;
2. The chiropractor is licensed in good standing in all states in which the chiropractor is licensed;
3. The chiropractor is not the subject of an administrative complaint which is currently pending before another state licensing authority or board; and
4. The chiropractor is not currently under investigation by another state licensing authority or board.

### INSTRUCTIONS

To apply for an Interstate Telehealth Registration, please complete the following steps:

1. **Application** - - Complete the Interstate Telehealth Registration Application in full. Please do not delegate completion of your application to any other person; it is solely the responsibility of the applicant. Please review the entire application to verify that each entry is correct and complete. Illegible applications will be returned.
2. **Fee** - - With your application, remit the initial application fee of \$130, made payable to the West Virginia Board of Chiropractic. The Board does not accept credit cards and/or cash.
3. **Proof of Identify** - - Submit a copy of your birth certificate, certificate of naturalization, passport and/or driver's license with your application.
4. **Evidence of Professional Education** - - Submit a copy of your original diploma showing completion of your chiropractic education with your application.
5. **Verify Licensure** - - The Board must be able to verify each of your current or former chiropractic licenses. Verifications may be verified through direct verification data on a Board website by Board staff. If this process is unavailable, you will be responsible to request verification of your license. Please follow the requirements of the issuing board(s) to request verification of your license. A processing fee may be required by the issuing board.

6. **Photograph** - - Submit a passport quality photograph taken within the previous twelve months and affix where indicated on the application.
7. **Mail Application** - - Because your original signature is required, your application must be mailed. The Board does not accept applications via facsimile or email. Please keep a copy of your complete application for your records. Mail your completed application form, identity document, diploma, and the appropriate fee to:

**West Virginia Board of Chiropractic  
P. O. Box 8532  
South Charleston, WV 25303**

Your application is not complete until all component parts, including all license verifications, have been received. You may not provide telehealth services to patients located in West Virginia while your application is pending. Once your application is complete, it will be reviewed for eligibility. Thereafter, the Board will notify you, via mail or email, of the disposition of your application.

**West Virginia Board of Chiropractic  
P. O. Box 8532  
South Charleston, WV 25303**

**APPLICATION FOR INTERSTATE TELEHEALTH REGISTRATION**

**I. Applicant Identifying Information**  
**Complete this section by providing all requested information. You must notify the Board office, in writing, of any address changes after you file this application in order to receive additional information.**

Applicant's Name \_\_\_\_\_  
Last First Middle Suffix

If married, maiden name (if applicable) \_\_\_\_\_ Name of spouse \_\_\_\_\_

Name desired on license (if granted) \_\_\_\_\_

Sex:  Male  Female

U.S. Citizen:  Yes  No  **If you are not a U.S. citizen, what is the basis of your eligibility for employment?** \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_  
Street City County State Zip

Home Address \_\_\_\_\_  
Street City County State Zip

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Primary Work Address \_\_\_\_\_  
Street City County State Zip

Place of Birth (City, State or Country) \_\_\_\_\_ Date of Birth MM/DD/YYYY \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*The Social Security Number is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state chiropractic boards to report to the CIN-BAD - Chiropractic Information Network - Board Action Databank and the National Practitioner Data Bank.

*The application form is a public document subject to the Freedom of Information Act!*

**II. Education Information  
Undergraduate, Chiropractic**

Education	Undergraduate	Chiropractic
Name of School		
Location		
Year Received Diploma/Degree		

Which of the following National Board Exams have you completed and passed?

Part I   
  Part II   
  Part III   
  Part IV   
  Physiotherapy

**III. Record of Licensure Information**  
 List all states in which you have applied for licensure. List all states where you hold or have held a chiropractic license. Failure to disclose all licenses held may result in denial of your application.

State	Date Issued	License No.	Expiration Date	Active/Inactive

#### IV. Personal History Information

The following questions are related to your out of state licensure. For the purpose of these questions, "Registration" means an authorization to practice chiropractic under W. Va. Code 30-16-1 et seq. for the limited purpose of providing interstate telehealth services. Please respond to all questions.

All "YES" answers must be accompanied by a written explanation, signed and dated by you, explaining in detail your yes answer(s). You must also enclose or cause to be submitted, ALL requested supportive documentation.

Circle One

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|--|--------|
| 1. Do you have any limitations, restrictions or conditions placed upon any of your chiropractic licenses by any chiropractic board?                                    | Yes No |
| 2. Have you ever had a chiropractic license revoked, suspended, or placed on probation:  | Yes No |
| 3. Have you ever surrendered a chiropractic license?   | Yes No |
| 4. Have you had disciplinary action taken against your chiropractic license(s) in any jurisdiction?  | Yes No |
| 5. Are you currently under investigation or subject to an administrative complaint in any jurisdiction related to your professional conduct or chiropractic licensure? | Yes No |

#### V. Acknowledgement & Certification

By affixing my personal signature to this application, I hereby certify:

**Personal Completion of Application and Accuracy.** I have personally completed this Interstate Telehealth Registration Application, and I am solely responsible for the accuracy and completeness of the information provided. I have carefully read and understood all the questions and have answered them completely, without reservations of any kind. I declare that my answers and all statements made by me herein are true, correct, and complete. I understand that any authorization to practice issued to me is based on the truthfulness of the information I have provided and my statements herein. I hereby agree and understand that providing false or deceptive information on this application constitutes good cause for disciplinary action and/or the subsequent revocation of any practice authorization issued to me by this Board.

**Duty to Supplement.** I understand and agree that if anything should occur which would change how I responded to any of the application questions, or which would render my original responses untrue, inaccurate or incomplete, I have a duty to supplement my responses until such time and I am notified by the Board that it has acted upon this application.

**Standard of Care.** I understand that the standard of care for the provision of telehealth services by registrants under this rule shall require the registrants to follow the scope of practice stated in W. Va. Code 30-16-3 et seq., 30-16-18, 30-16-20, and 30-16-21; however, the standard of care does not include the review of non-patient information relating to the duration and necessity of chiropractic care that affects the course of care, the treatment plan, or payment, and reimbursement, concerning chiropractic patients residing in the State of

West Virginia. It also does not permit the promotion or practice of functional medicine as a specialty, nor allow any disease-based treatment.

A registration issued pursuant to this rule does not authorize a health care professional to practice from a physical location within this state without first obtaining licensure by the Board of Chiropractic.

A healthcare professional who registers to provide telehealth services pursuant to this rule shall immediately notify the Board of any restrictions placed on the individual's license to practice in any state or jurisdiction.

Interstate registrants shall comply with W. Va. Code 30-16-1 et. seq. and the legislative rules promulgated by the Board of Chiropractic. Failure to comply will be grounds for disciplinary action under W. Va. Code 30-16-11, and 30-16-16.

A person currently licensed by the Board of Chiropractic is not subject to registration under this rule but shall practice telehealth in accordance with W. Va. Code 30-16-1 et. seq. and the legislative rules promulgated by the Board of Chiropractic.

**Interstate Telehealth Registration is not a License.** I understand that an Interstate Telehealth Registration is not a license to practice chiropractic in West Virginia, and the authorization it grants is limited to the provision of telehealth services to patients located within the State of West Virginia while I am physically located in another state or commonwealth of the United States. I understand and agree that in the event I seek to practice chiropractic while physically present within the State of West Virginia, I must apply for and be issued a West Virginia chiropractic license.

**Duty to Maintain Current Contact Information.** I understand that I have an obligation to maintain complete and up-to-date contact information with the West Virginia Board of Chiropractic and agree to provide updated contact information within 10 business days of any change to the information submitted with this application.

**Renewal.** I understand that the Board of Chiropractic issues Interstate Telehealth Registrations for a specific term, and that if I intend to continue to provide interstate telehealth services to patients located in West Virginia after the initial term of registration, I must apply for registration renewal.

**In addition to the foregoing information, I add the following:**

I hereby give permission to the West Virginia Board of Chiropractic to secure additional information concerning me or any of the statements in this application from any person or any source the Board may deem necessary. I release, discharge, and exonerate the Board, or its agents, and/or any person furnishing information about me from all liability of every nature and kind arising out of the furnishing of such information.

I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements when necessary.

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Signature of Applicant

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Date

**(PHOTOGRAPH)  
ATTACH A RECENT PHOTO HERE**