



WEST VIRGINIA BOARD OF DENTISTRY INTERSTATE TELEHEALTH REGISTRATION APPLICATION AND INSTRUCTIONS

The West Virginia Board of Dentistry is authorized to issue Interstate Telehealth Registrations to eligible dentists and dental hygienists who seek to provide telehealth services to patients located in West Virginia from another U.S. state. An Interstate Telehealth Registration is not a license to practice dentistry in West Virginia, and only authorizes the registrant to provide telehealth services to West Virginia patients. Dentists or Dental Hygienists 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 dental or dental hygiene license.

A dentist or dental hygienist is eligible to apply for an interstate telehealth registration issued by the Board if all of the following requirements are continuously met:

1. A dentist or dental hygienist holds a valid, active dental or dental hygiene license issued by another state licensing authority or board;
2. The dentist or dental hygienist is licensed in good standing in all states in which the dentist or dental hygienist is licensed;
3. The dentist or dental hygienist is not the subject of an administrative complaint which is currently pending before another state licensing authority or board; and
4. The dentist or dental hygienist 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 utilize Page 6 only if you have additional states or jurisdictions to list than spaces provided for on page 2. 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 appropriate fee for your professional type, payable to the West Virginia Board of Dentistry. The Board accepts business checks, personal checks, cashier's checks, and money orders payable to the West Virginia Board of Dentistry.

INITIAL APPLICATION FEE

Dentist \$180.00

Dental Hygienist \$90.00

3. **Proof of Identity.** Submit a copy of your birth certificate, certificate of naturalization, passport or drivers license with your application. Passport is preferred.
4. **Evidence of Professional Education.** Submit a copy of your original diploma showing completion of your dental or dental hygiene program of education with your application.
5. **Verify Licensure.** The Board must be able to verify each of your current or former professional 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 to page 5 of 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, professional diploma/certificate, and the appropriate fee to:

West Virginia Board of Dentistry

PO Box 1447

Crab Orchard, WV 25827

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 Dentistry
 1319 Robert C. Byrd Drive
 PO Box 1447
 Crab Orchard, WV 25827-1447

APPLICATION FOR INTERSTATE TELEHEALTH REGISTRATION

- Dentistry** \$180.00 **Dental Hygiene** \$90.00

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 (Jr., III)

If Married, maiden name (if applicable) _____ Name of Spouse _____

Name desired on license (if granted). _____

Sex: Male Female

U.S. Citizen: _____ Yes _____ No _____ **I am not a U. S. Citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. ***Submit copy of Green Card or Visa.**

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 _____ Gender M/F _____ Race

*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 dental boards to report to the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank.

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

II. Education Information

Pre-Dental & Dental College, School or Dental Department of a University

	Name of School	Location (City, State or Country)	From (Month/Year)	To (Month/Year)	Graduated Yes/No	Degree
Pre-Dental						
Dental *						
Internship or Residency						
Other						

III. Record of Licensure Information

List all states or jurisdictions in which you have ever been licensed, whether currently active or not. Failure to disclose all licenses held may result in denial of your application. You may attach an additional sheet (page 6) if necessary.

State	Date Issued	License No.	Expiration Date	Active or Inactive

IV. Personal History Information

The following questions are related to your out of state licensure. For the purpose of these questions “professional license” means a license to practice dentistry in any state of the United States. 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 | |
|----|---|------------|----|
| 1. | Do you have any limitations, restrictions or conditions placed upon any of your professional licenses by any dental board/board of dentistry? | Yes | No |
| 2. | Have you ever had a professional license revoked, suspended, or placed on probation? | Yes | No |
| 3. | Have you ever surrendered a professional license? | Yes | No |
| 4. | Have you had disciplinary action taken against your professional 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 professional 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 of 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 incomplete information on this application constitutes good cause for disciplinary action and/or the subsequent revocation of any registration or license 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 as I am notified by the Board that it has acted upon this application.

Standard of Care. I understand that the standard of care requires “that with respect to the established patient, the patient shall visit an in-person health care practitioner within 12 months of using the initial telehealth service or the telehealth service shall no longer be available to the patient until an in-person visit is obtained. This requirement may be suspended, in the discretion of the health care practitioner, on a case-by-case basis, and it does not [apply] to the following services: acute inpatient care, post-operative follow-up checks, behavioral medicine, addiction medicine, or palliative care.” W. Va. Code § 30-1-26(b)(4).

Prescribing Limitations. I understand that if I prescribe medication to West Virginia patients, I must comport my prescribing to the standard of care and all restrictions and/or limitations set forth in West Virginia law and federal law. I acknowledge that interstate telehealth registrants are generally prohibited from prescribing any controlled substance listed in Schedule II of the Uniform Controlled Substance Act, unless authorized by another section of West Virginia Code.

Duty to Report. I understand and agree that if registered to provide telehealth services in West Virginia, I am obligated to immediately notify the Board of Dentistry of any action taken against any of my professional licenses in other jurisdictions.

Discipline and Jurisdiction. By registering to provide telehealth services to patients in West Virginia, I understand and agree that I am subject to the laws, rules and regulations of West Virginia governing my profession, including the state judicial system and all professional conduct rules and standards incorporated into the practice act governing my profession and all of the Board's legislative and procedural rules. I acknowledge and agree that I am subject to the jurisdiction of the West Virginia Board of Dentistry, including the Board's complaint, investigation and hearing process.

Interstate Telehealth Registration is not a License. I understand that an Interstate Telehealth Registration is not a license to practice dentistry or dental hygiene 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 dentistry while physically present within West Virginia, I must apply for and be issued a West Virginia dental or dental hygiene 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 Dentistry 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 Dentistry 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. Registrations expire February 1 of each year.

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

I hereby give permission to the West Virginia Board of Dentistry 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 any and 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.

Signature of Applicant

Date

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

Interstate Telehealth Registration Application

Name: _____

Additional States or jurisdictions in which you have ever been licensed, whether currently active or not.

State	Date Issued	License No.	Expiration Date	Active or Inactive