

STATE OF WEST VIRGINIA
West Virginia Board of Dentistry

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www.wvdentalboard.org

Military Deployment - Spouse Waiver Request

During periods when the licensee is accompanying his or her spouse who is on active duty as a member of the Armed Forces of the United States, the National Guard of this state or any other state or any other military reserve component and deployed outside this state, and for six months after discharge from active duty, the license of a person regulated by this Board shall continue in good standing and shall be renewed without payment of any fees for the maintenance or renewal of the license and without meeting continuing education requirements for the license **when circumstances** associated with accompanying a spouse on military duty **prevent** the individual from obtaining the required continuing education.

The circumstances necessitating my Spouse Waiver Request include, but are not limited to, deployment outside of the United States or in any combat area.

Licensee Information & Application for **Waiver of Fees** **Waiver of CE** **BOTH**

Name: _____ Profession: _____

License No.: _____

Address: _____

(City) (State) (Zip)

Phone No.: _____ Email: _____

(Daytime) (Evening)

Military Information

Name of Deployed Spouse: _____

Please check military status, as applicable (attach copy of official deployment documents):

_____ Active Military Reserve Component _____ Member of the Armed Forces of the United States

(Deployed outside of this State)

Branch of Service: _____

_____ Activated National Guard

Duration of Deployment: _____

(Effective Date)

(Anticipated Date of Return)

Supervisor's Contact Name: _____

Supervisor's Contact Number: _____

(Daytime)

(Evening)

Please describe the circumstances associated with military duty of your spouse which prevent you from obtaining the continuing education: _____

Licensee's Signature _____ Today's Date _____