



**STATE OF WEST VIRGINIA  
BOARD OF DENTISTRY**

**PO Box 1447**

**Crab Orchard, WV 25827-1447**

**Telephone: (304)252-8266 Fax: (304)253-9454**

**Website: [www.wvdentalboard.org](http://www.wvdentalboard.org)**

**Email: [wvbde@suddenlinkmail.com](mailto:wvbde@suddenlinkmail.com)**

**Certification Form & Waiver Request  
Drug Diversion Training & Best Practice Prescribing  
of Controlled Substances Training  
As Required By West Virginia Code §30-1-7a and 5CSR11**

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I received my initial West Virginia license on \_\_\_\_\_ (month/day/year)

This Certification Form and Waiver Request must be submitted to the Board at the time of biennial continuing education reporting. You must either: 1) Submit this completed waiver request to the Board or 2) Whether you prescribe, administer, or dispense a controlled substance in the State of West Virginia or in any other state, if you hold a West Virginia Dental License, you must have completed the required continuing education of drug diversion training and best practice prescribing of controlled substances training as established by the Board under rule 5CSR11.

**Attestation: I have not prescribed, administered, or dispensed a controlled substance\* during the applicable continuing education period.**

I understand that my continuing licensure is based on the truth of this statement above, and that should I furnish false information, such act constitutes good cause for the revocation of my West Virginia license.

Licensee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Pursuant to West Virginia Code §60A-1-101, a "controlled substance" means a drug, substance or immediate precursor in Schedules I through V.