

# State of West Virginia

West Virginia Board of Physical Therapy  
2 Players Club Drive, Suite 102  
Charleston, WV 25311  
Telephone: 304.558.0367 Fax: 304.558.0369  
Website: www.wvbopt.com

## Military Deployment – Waiver Request

During periods when a licensee 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 of this State and for six (6) 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 dues or fees for the maintenance or renewal of the license and without meeting continuing education requirements for the license, when circumstances associated with military duty prevent the individual from obtaining the required continuing education.

The circumstances necessitating my Waiver Request to the Board include, but are not limited to, deployment outside of the United States or in any combat area. I am performing as a physical therapist or physical therapist assistant as part of my military duties, as will be annotated in the Report of Separation, Defense Department Form 214 (DD214).

### Licensee Information

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)  
Phone No: \_\_\_\_\_ Email: \_\_\_\_\_  
(Daytime) (Evening)

### Military Information

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

\_\_\_ Activated 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 which prevent you from obtaining the continuing education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensee's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_