

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 – 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 of this State, and for six (6) months after discharge from active duty, the license of that person regulated by the Board shall continue in good standing and shall be renewed without payment of any dues or fees for the 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 to the Board include, but are not limited to deployment outside of the United States or in any combat area.

Licensee Information

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):

___ 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 of your spouse which prevent you from obtaining the continuing education: _____

Licensee's Signature _____ Today's Date _____