

West Virginia Board of Occupational Therapy



1063 Maple Dr., Suite 4B
Morgantown, WV 26505
304-285-3150
www.wvbot.wv.gov

SUBJECT: Request for verification of licensure status

Please complete the section below and return this form with the required **\$30.00 fee** (pay by credit card through payment link on website).

Please forward verification of my licensure status to:

Name of Agency: _____

Address: _____

Email address: _____

Fax number: _____

My name, WV license number, and current mailing address are:

Name: _____

WV license number: _____

Address: _____

Email address: _____

Signature: _____

Date: _____

NOTE: REQUEST MAY ONLY BE SIGNED BY LICENSEE.

Upon receipt of this form, properly completed, the Board will provide verification of licensure status.