

# West Virginia Board of Occupational Therapy



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Morgantown, WV 26505  
304-285-3150  
[www.wvbot.wv.gov](http://www.wvbot.wv.gov)

SUBJECT: Request for verification of licensure status

Please complete and return this form via email to [wvbot@wv.gov](mailto:wvbot@wv.gov), with a copy of the receipt for 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: \_\_\_\_\_

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 and fee, the Board will provide verification of licensure status.