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Special Assistant

(Plus all the volunteer  
help we can get)

STATE OF WEST VIRGINIA  
SECRETARY OF STATE

Charleston 25305

April 18, 1986

No indication of the exact date these rules went into effect. The cover states 1976 so the effective date may have been sometime in 1976. These rules expired on Jan. 1, 1983 when the Board failed to refile these rules as required by 29A-2-5.

A handwritten signature in cursive script, appearing to read "Rich O. Hartman".  
Rich O. Hartman

WEST VIRGINIA BOARD OF OSTEOPATHY

SECTION 10: License Annual Renewal Fee; Refresher Training a Prerequisite; Effect of Failure to Renew; Reinstatement.

All holders of certificates of license to practice as osteopathic physicians and surgeons in this state shall renew them annually on or before July 1st., by the payment of a renewal fee of ten dollars to the secretary of the board. The secretary of the board shall notify each certificate holder by mail of the necessity of renewing his certificate at least thirty days prior to July 1st. of each year.

As a prerequisite to renewal of a certificate of license issued by the board, each holder of such a certificate shall furnish annually to the secretary of the board satisfactory evidence of having completed a two-day educational re-fresher training course conducted by the West Virginia Osteopathic Society, Incorporated, under the supervision and control of the board or conducted by its equivalent as determined by the board.

The failure to renew a certificate of license shall operate as an automatic suspension of the rights and privileges granted by its issuance.

A certificate of license suspended by a failure to make an annual renewal thereof may be reinstated by the board upon compliance of the certificate holder with the following requirements; (a) presentation to the board of satisfactory evidence of educational refresher training of quantity and standard approved by the board; (b) payment of all fees that would have been paid had the certificate holder maintained his certificate in good standing and (c) payment to the board of a reinstatement fee of not to exceed twenty-five dollars as determined by the board.



STATE OF WEST VIRGINIA  
BOARD OF OSTEOPATHY  
FRANK A. WALLINGTON, D. O.  
SECRETARY  
800 FIFTH STREET  
MOUNDSVILLE, W. VA.

TELEPHONE  
304-845-6600

W.Va. Board of Osteopathy

Rules and Regulations Governing Examination and Reciprocity

1: Educational Qualifications: Degree of Doctor of Osteopathy from a professional school or college of Osteopathy recognized by the American Osteopathic Association or the West Virginia Board of Osteopathy. One year of internship in a hospital approved as above.

2: Examination:

Regular examinations are held once yearly at the discretion of the Board. The date is published in the Journal of the American Osteopathic Assoc. Subjects for examination: Anatomy; physiology; Surgery; Chemistry and Toxicology; Pathology and Histology; Obstetrics and Gynecology; Osteopathic Medicine and Diagnosis; Principles & Practice of Osteopathy; Public Health & Preventive Medicine; Pharmacology & Materia Medica written and oral. A general average of 75% is required, the applicant not making any grade below 65% in any subject. An applicant failing to make the required average may take another examination at the next meeting for examination without additional charge.

Applications for examination must be received 10 days before the meeting of the Board.

The applicant must present his diploma at the time of examination.

The examination may be taken upon graduation, but the license will not be issued until one year of internship is completed.

Fees:

Fees are payable with the application by a certified check made payable to the West Virginia Board of Osteopathy and stating on the check for examination or reciprocity to the Board of Osteopathy.

For examination, \$50.00. For reciprocity, \$100.00.

A fee of \$5.00 is charged for the certificate when it is issued.

For reciprocal endorsement and certification of grades, \$10.00.

If an applicant desires his grades after examination he shall submit \$5.00 with the request.

4: Reciprocity:

The Board has reciprocal agreements with many States and may issue a license without examination as provided in section 6 of the Osteopathic Law.

The applicant must have met the legal requirements equal to requirements in force in West Virginia at the time he received his license. (One year of internship is required of those who graduated after January 1, 1951.)

An applicant for a license by reciprocity shall have had two years resident practice in the area where he was licensed by examination or five years in his present location. Time spent as a resident in an approved hospital will be accepted as equivalent to a like amount of time in practice.

Applicant must appear in person before the Board at a scheduled meeting of the Board, approval will be at the Board's discretion after thorough investigation and such approval must be unanimous.

Applications for reciprocity must be received by the secretary thirty days before the meeting of the Board.

A photostatic copy of the license and diploma must accompany the application.

Applicant will be examined in Osteopathic Principles only if Flex is used.

West Virginia does not have a Basic Science Law: therefore, the Basic Science Certificate will not suffice.



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BOARD OF OSTEOPATHY  
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RULES AND REGULATIONS GOVERNING EXAMINATION AND RECIPROCITY

1. Educational Qualifications:  
Degree of Doctor of Osteopathy from a professional school or college of Osteopathy recognized by the American Osteopathic Association or the West Virginia Board of Osteopathy. One year of internship in a hospital approved as above.
2. Examination:  
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3. Fees:  
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For examination: \$50.00      For reciprocity: \$100.00.  
A fee of \$5.00 is charged for the certificate when it is issued.  
For reciprocal endorsement and certification of grades: \$10.00.  
If an applicant desires his grades after examination, he shall submit \$5.00 with request.
4. Reciprocity:  
The Board has reciprocal agreements with many States and may issue a license without examination as provided in section 6 of the Osteopathic Law. The applicant must have met the legal requirements equal to requirements in force in West Virginia at the time he received his license. (One year of internship is required of those who graduated after January 1, 1951.) An applicant for a license by reciprocity shall have had two years resident practice in the area where he was licensed by examination or five years in his present location. Time spent as a resident in an approved hospital will be accepted as equivalent to a like amount of time in practice. Applicant must appear in person before the Board at a scheduled meeting of the Board, approval will be at the Board's discretion after thorough investigation and such approval must be unanimous. Applications for reciprocity must be received by the Secretary thirty days before the meeting of the Board.  
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1. Educational Qualifications:

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2. Examination:

Regular examinations are held twice yearly at the discretion of the Board. The date is published in the Journal of the American Osteopathic Association. Subjects for examination: Anatomy, Physiology, Surgery, Chemistry and Toxicology, Pathology and Histology, Obstetrics and Gynecology, Osteopathic Medicine and Diagnosis, Principles & Practice of Osteopathy, Public Health & Preventive Medicine, Pharmacology & Materia Medica written and oral. A general average of 75% is required, the applicant failing to make this required average may take another examination at the next meeting for examination without additional charge. Applicant will be examined in Osteopathic Principles only if Flex is used. West Virginia does not have a Basic Science Law, therefore, the Basic Science Certificate will not suffice.

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WEST VIRGINIA BOARD OF OSTEOPATHY

Applicants Information Sheet  
(Please use the back of this sheet  
if additional space is needed).

1. Full Name:
2. Mailing Address:
3. Have you ever been licensed as an osteopathic physician in any other state or nation? If so, where and when?
4. Have you ever been licensed in any other state or nation as a physical therapist, a nurse, a physician's assistant, or in any related capacity? If so, where and when?
5. Have any of the licenses mentioned above been suspended, revoked or cancelled, for any reason? If so, where, when and why?
6. Have you ever been arrested? When, where and what was the nature of the charges against you?
7. Have you ever been convicted in any court of law for any criminal charge, either a felony or a misdemeanor? If so, please give full details as to where, when, the nature of the charge, etc.
8. Have you ever been confined in a prison or jail? When, where and for how long?
9. Have you ever been a patient in a mental institution? Where, when, how long and why?
10. Have you ever been under the care of a psychiatrist or psychologist? Who, where, when and why?
11. Have you been released from such care at the present time? When were you released?

Signed \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION TO  
WEST VIRGINIA BOARD OF OSTEOPATHY  
FOR LICENSE**

By Examination ( ) By Residency ( )  
A fee of \$3000 for examination or \$10000 for residency must accompany this application. DO NOT SEND CASH

I, \_\_\_\_\_ of \_\_\_\_\_ State \_\_\_\_\_  
do hereby apply for a license Examination/Residency to practice medicine and Surgery as an Osteopathic Physician and Surgeon in West Virginia and submit the following facts to the board for its consideration.  
EDUCATION: \_\_\_\_\_ years  
Attended \_\_\_\_\_ years  
Attended \_\_\_\_\_ years  
Graduate of \_\_\_\_\_ Year of \_\_\_\_\_  
A. O. A. Member Yes ( ) No ( )  
State Society Member Yes ( ) No ( )  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
On this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ personally appeared \_\_\_\_\_ who being duly sworn, says that he is the person referred to in the above application.  
He furthermore states on \_\_\_\_\_ only, that if issued a license to practice Medicine and Surgery as an Osteopathic Physician and Surgeon in the state of West Virginia, he will abide strictly by the code of ethics of the American Osteopathic Association and the West Virginia Osteopathic Society, Inc., abstaining from immoral, unprofessional and unethical conduct, and \_\_\_\_\_ he hereby agrees that the violation of this oath shall constitute just and sufficient cause for revocation of said license.  
Signature of applicant \_\_\_\_\_  
Legal Residence \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Seal \_\_\_\_\_  
Notary Public \_\_\_\_\_

**CERTIFICATE OF MORAL CHARACTER**

This is to certify that we, the undersigned Osteopathic Physicians and Surgeons have been personally acquainted with \_\_\_\_\_ for the number of years indicated below, that we are not related to him \_\_\_\_\_ by blood or marriage, and we know him \_\_\_\_\_ to be of good moral character, and that \_\_\_\_\_ is the person referred to in this application, and that the attached photograph and autograph are his \_\_\_\_\_ and that the photograph attached hereto is a true likeness of him \_\_\_\_\_ which I personally examined and that the foregoing statements subscribed to by him \_\_\_\_\_ are true in every respect and that \_\_\_\_\_ is the person named in the credentials.  
I have known applicant \_\_\_\_\_ years  
Signed \_\_\_\_\_  
Legal Residence \_\_\_\_\_  
Graduate of \_\_\_\_\_  
Year \_\_\_\_\_  
STATE OF \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Seal \_\_\_\_\_  
Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**CERTIFICATE OF MORAL CHARACTER**

This is to certify that we, the undersigned Osteopathic Physicians and Surgeons have been personally acquainted with \_\_\_\_\_ for the number of years indicated below, that we are not related to him \_\_\_\_\_ by blood or marriage, and we know him \_\_\_\_\_ to be of good moral character, and that \_\_\_\_\_ is the person referred to in this application, and that the attached photograph and autograph are his \_\_\_\_\_ and that the photograph attached hereto is a true likeness of him \_\_\_\_\_ which I personally examined and that the foregoing statements subscribed to by him \_\_\_\_\_ are true in every respect and that \_\_\_\_\_ is the person named in the credentials.  
I have known applicant \_\_\_\_\_ years  
Signed \_\_\_\_\_  
Legal Residence \_\_\_\_\_  
Graduate of \_\_\_\_\_  
Year \_\_\_\_\_  
STATE OF \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Seal \_\_\_\_\_  
Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**CERTIFICATE OF ENDORSEMENT**

By board which licensed applicant by examination Date \_\_\_\_\_  
I hereby certify that the applicant \_\_\_\_\_  
was licensed by this board of examination \_\_\_\_\_ Date \_\_\_\_\_  
License number \_\_\_\_\_ and was issued \_\_\_\_\_

Acting in behalf of \_\_\_\_\_ and from evidence on file in this office, I do hereby certify to the respectability and ethical conduct of said applicant for license by virtue of the existing reciprocal relations between said board.  
ENTER APPLICANT'S GRADES BELOW  
Signed \_\_\_\_\_ City \_\_\_\_\_  
Degree \_\_\_\_\_

**RESULTS OF EXAMINATION**

Subject	Grade	Subject	Grade
1. _____	6. _____	_____	_____
2. _____	7. _____	_____	_____
3. _____	8. _____	_____	_____
4. _____	9. _____	_____	_____
5. _____	10. _____	_____	_____
Average _____			



F. REGENT THOMAS

NAME .....

EXAMINATION ( ) RECIPROCIDTY ( )

Date Examined .....

PASSED ( ) FAILED ( )

Certificate of Internship

YES ( ) NO ( )

License Issued No. ....

Fee Paid: YES ( ) NO ( )

Date Received .....

If incomplete, why? .....

Date of Birth.....  
Place of Birth.....  
Race.....  
Color of Eyes.....  
Citizen of U. S.....

TO BE ANSWERED IF FOR RECIPROCIDTY

Has your license ever been revoked or suspended?

Has your motorist license ever been revoked or suspended?

Attach photograph, approximately  
3" x 4", here, taken within the  
last six months.

STATE OF  
COUNTY OF

Having  
appeared before me and being identified as the same  
individual shown in the attached photograph, being duly  
sworn, deposes and says:

- (1) That the attached photo was taken within 60 days  
of the date hereof.
- (2) That a duplicate thereof is attached to his applica-  
tion to the Board of Osteopathic Examiners of  
West Virginia.
- (3) That each such photograph is made a part of  
affiant's application to the West Virginia Board.

Signature of Applicant in full

Subscribed and sworn to before me this

day of  
Month, 19  
(Seal) Name Public

Address

INITIALS OF EXAMINERS

President .....

Vice President .....

Secretary .....