

# West Virginia Board of Occupational Therapy



1063 Maple Dr., Suite 4B  
Morgantown, WV 26505  
304-285-3150  
[www.wvbot.org](http://www.wvbot.org)

**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 or make check payable to the West Virginia Board of Occupational Therapy).

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.